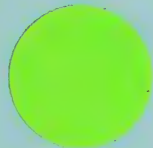


Office of Statistics and Data Management



HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION

U.S. Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy

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HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION



March 1992

FOREWORD

This compendium was prepared for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Decision Support Division, Office of Statistics and Data Management, with major contributions from various Bureaus and Offices in the Health Care Financing Administration.

Regina McPhillips, Dr.P.H.
Director
Bureau of Data Management
and Strategy

March 1992

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I. BUDGET OVERVIEW

Information about HCFA relative to the Federal and DHHS budgets.

HCFA and Total Federal Disbursements

	1991 Actual	1992 Current Law	1993	
			Current Law	Proposed Law
Amount in billions				
Gross National Product (current amount)	\$5,689.0	\$5,938.0	\$6,319.0	—
Total Federal Budget ¹	1,323.0	1,442.5	(²)	\$1,498.3
Percent of Gross National Product	23.3	24.3	—	23.7
Department of Health and Human Services ¹	485.3	544.3	586.3	585.2
Percent of Total Federal Budget	36.7	37.7	—	39.1
HCFA Budget Outlays				
Medicare Benefit Payments	113.9	128.8	142.6	141.6
Military Service Credits Adjustment	1.1	—	—	—
Medicaid Medical Assistance Payments	50.2	69.9	81.5	81.5
State and Local Administration/Training	2.4	2.6	3.0	2.9
HCFA Program Management	1.9	1.9	2.3	2.2
Other Administrative Expenses	0.6	0.7	0.8	0.8
Peer Review Organizations (PROs)	0.3	0.3	0.3	0.3
Survey & Certification Revolving Fund	—	0.0	—	0.4
Total (unadjusted)	170.4	204.3	230.5	229.6
Offsetting and Proprietary Receipts	-12.2	-13.1	-15.1	-15.5
Total Net of Offsetting and Proprietary Receipts	158.3	191.2	215.4	214.2
Percent of Federal Budget	12.0	13.3	—	14.3

¹ Includes off-budget entities, net of offsetting receipts.

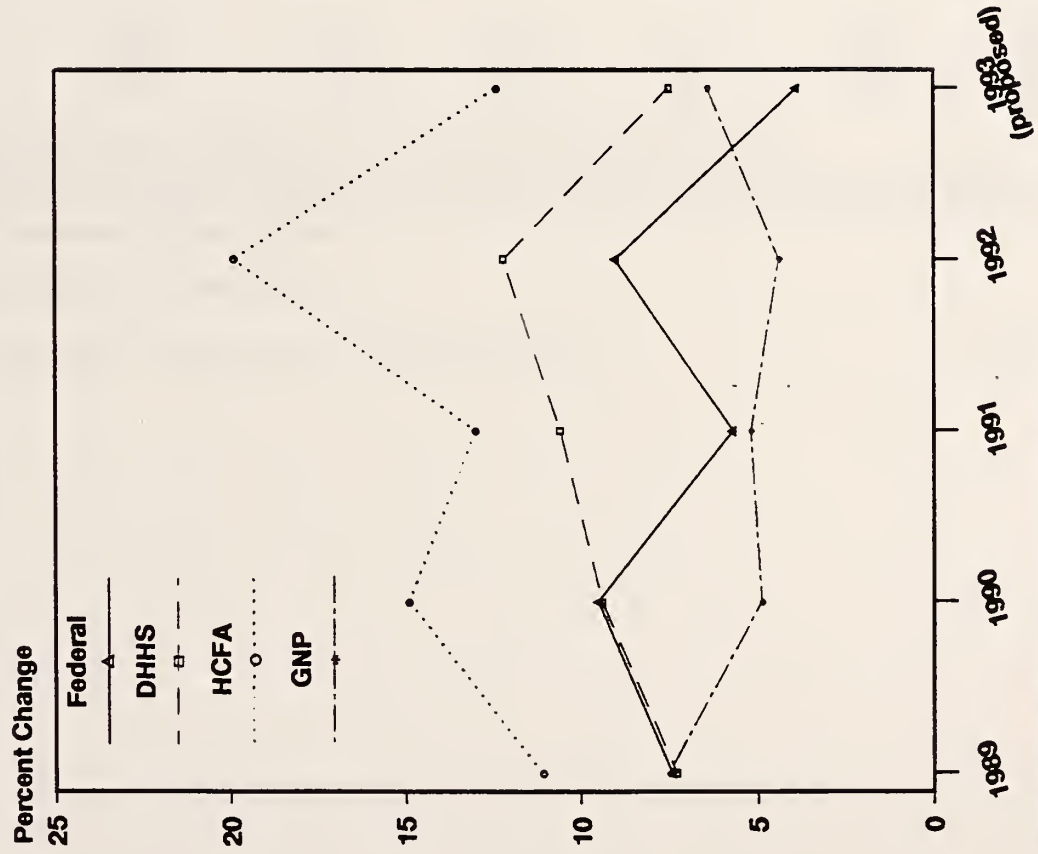
² Aggregate current law totals not available for budget year.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components; percents are based on rounded numbers.

SOURCE: HCFA/OBA

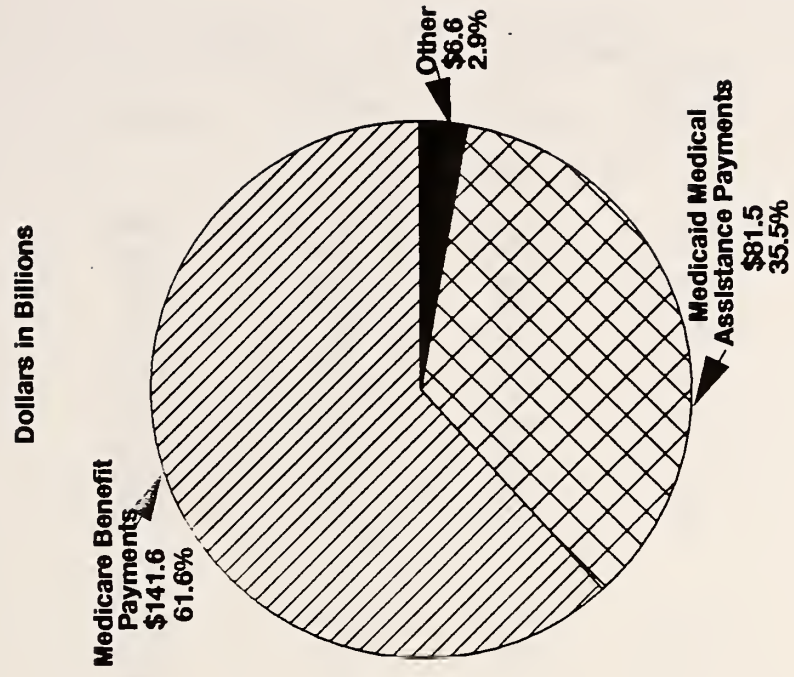
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Annual Percent Increase in Federal, DHHS, and HCFA Budgets Fiscal Years 1989 - 1993



SOURCES: HCFA / OBA and SSA / ORS

HCFA Proposed Budget Fiscal Year 1993



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Program Benefit Payments/Trends

Fiscal Year	Total		Medicare ¹		Medicaid ²	
	Amount	Percent Change	Amount	Percent Change	Amount	Percent Change
Amount in billions						
Historical						
1980	\$58.0	—	\$33.9	—	\$24.0	—
1981	69.7	20.2	41.3	21.6	28.4	18.3
1982	79.5	14.1	49.1	19.1	30.3	6.7
1983	88.9	11.8	55.6	13.1	33.3	9.9
1984	96.6	8.7	60.9	9.6	35.6	6.9
1985	108.8	12.4	69.5	14.1	39.3	10.2
1986	116.3	7.1	74.0	6.5	42.3	7.7
1987	127.4	9.5	79.8	7.7	47.6	12.6
1988	137.2	7.7	85.5	7.3	51.6	8.4
1989	152.1	10.9	94.1	10.0	58.0	12.4
1990	175.9	15.6	107.2	13.9	68.7	18.4
Budget						
Current law						
1991	201.9	14.7	113.9	6.3	88.0	27.9
1992	251.2	24.4	128.8	13.1	122.4	39.2
1993	285.5	13.6	142.6	10.7	142.9	16.7
Proposed law						
1991	201.9	14.7	113.9	6.3	88.0	27.9
1992	251.2	24.4	128.8	13.1	122.4	39.2
1993	284.4	13.2	141.6	9.9	142.9	16.7

¹ Includes catastrophic benefits for HI in fiscal year 1990. Does not include PRO expenditures.

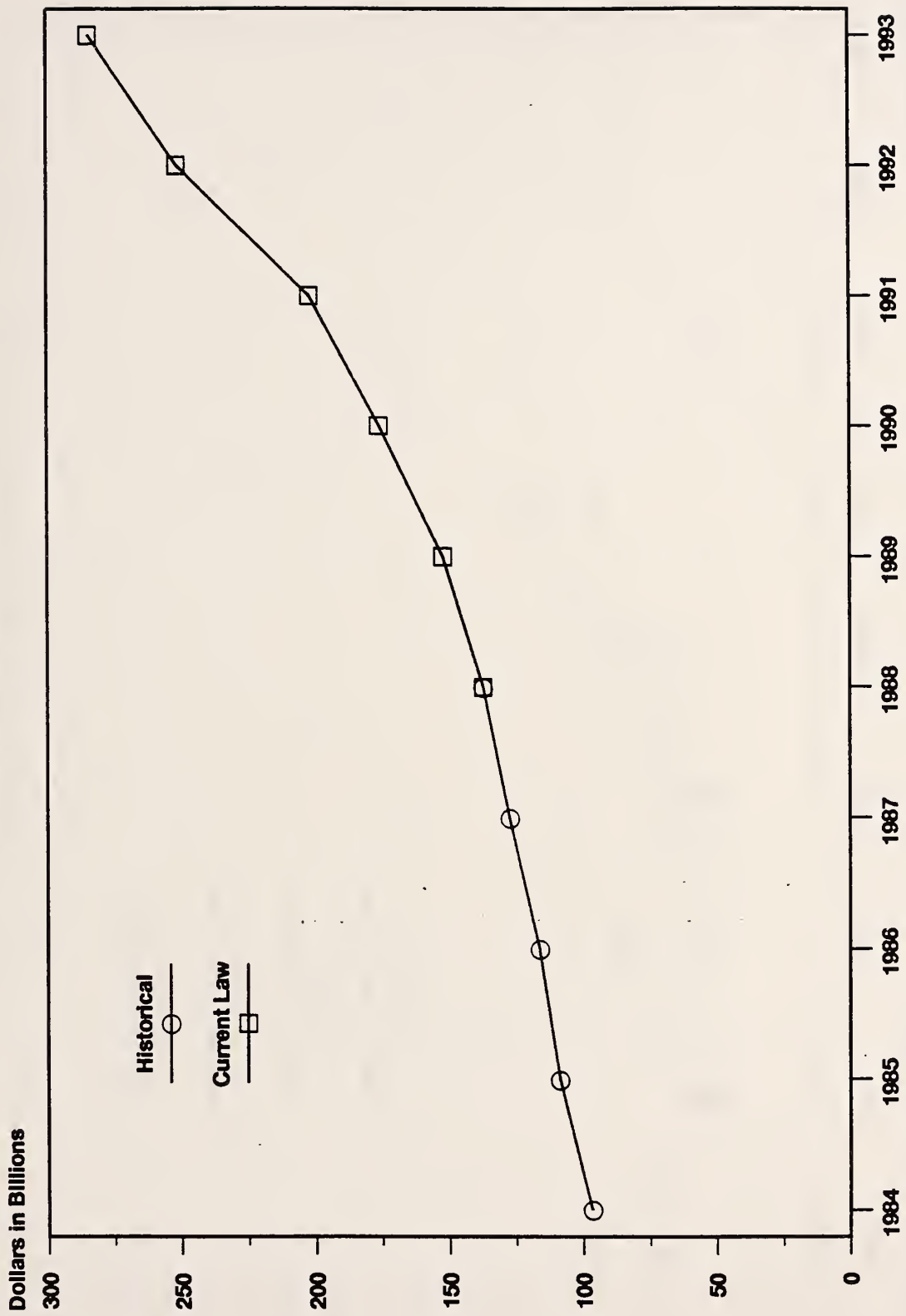
² Federal and State combined. Historical data are expenditures (total computable medical assistance payments as reported on HCFA-64 and predecessors). Budget data are preliminary estimates of outlays as reported on HCFA-25 and modified by OBA for legislative and other initiatives.

NOTE: Percent change based on rounded numbers.

SOURCES: HCFA/OACT/MB for historical data and OBA for budget data

March 1992

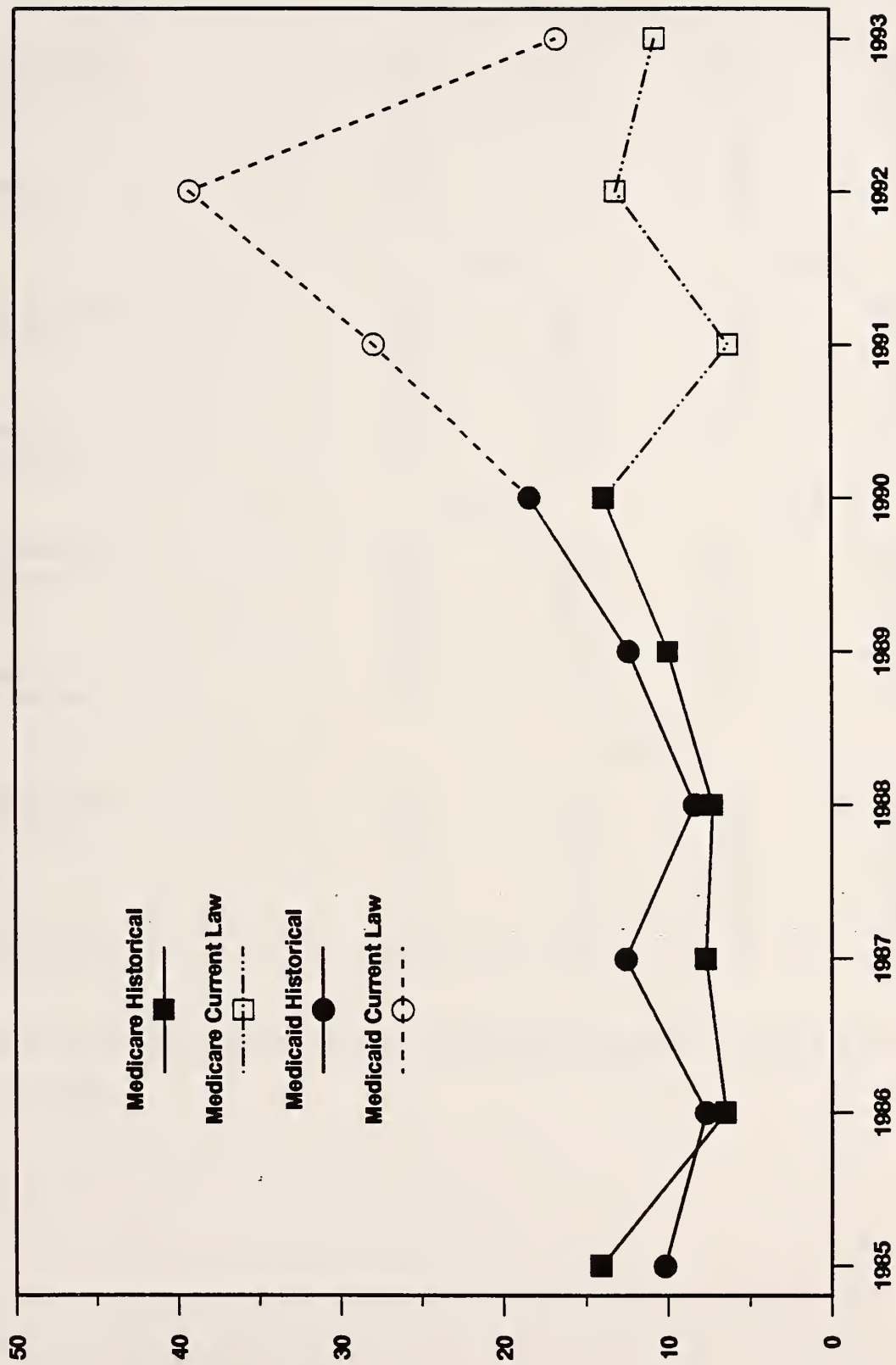
Trends in Program Benefit Payments **Fiscal Years 1984 - 1993**



SOURCE: HCFA/OBA/OACT

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Percent Change in Program Benefit Payments **Fiscal Year 1985 - 1993**



SOURCE: HCFA/OBA/OACT

March 1992

Benefit Outlays by Program

	1967	1968	1991	1992 ¹
Amounts in billions				
Annually				
HCFA Program Outlays	\$5.1	\$8.4	\$202	\$251
Federal Outlays	NA	6.7	164	199
Medicare	3.2	5.1	114	129
HI	2.5	3.7	68	76
SMI	0.7	1.4	45	53
Medicaid	1.9	3.3	88	122
Federal Share	NA	1.6	50	70
In millions				
Monthly				
HCFA Program Outlays	\$423	\$702	\$16.8	\$20.9
Federal Outlays	NA	561	13.7	16.6
Medicare	264	427	9.5	10.7
HI	209	311	5.7	6.3
SMI	55	116	3.8	4.4
Medicaid	158	275	7.3	10.2
Federal Share	NA	133	4.2	5.8
In thousands				
Hourly				
HCFA Program Outlays	\$579	\$962	\$23.0	\$28.7
Federal Outlays	NA	768	18.7	22.7
Medicare	362	585	13.0	14.7
HI	286	426	7.8	8.7
SMI	76	159	5.2	6.0
Medicaid	217	377	10.0	14.0
Federal Share	NA	183	5.7	8.0
In thousands				
Minutely				
HCFA Program Outlays	\$10	\$16	\$384	\$478
Federal Outlays	NA	13	312	378
Medicare	6	10	217	245
HI	5	7	130	145
SMI	1	3	86	100
Medicaid	4	6	167	233
Federal Share	NA	3	95	133

¹Estimated.

NOTES: Fiscal year data. NA indicates data are not available. Totals may not equal the sum of rounded components.

SOURCE: HCFA/OBA

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II. PROSPECTIVE PAYMENT SYSTEM (PPS) ACTIVITY

Medicare Hospital Status Under the Prospective Payment System
as of September 1991

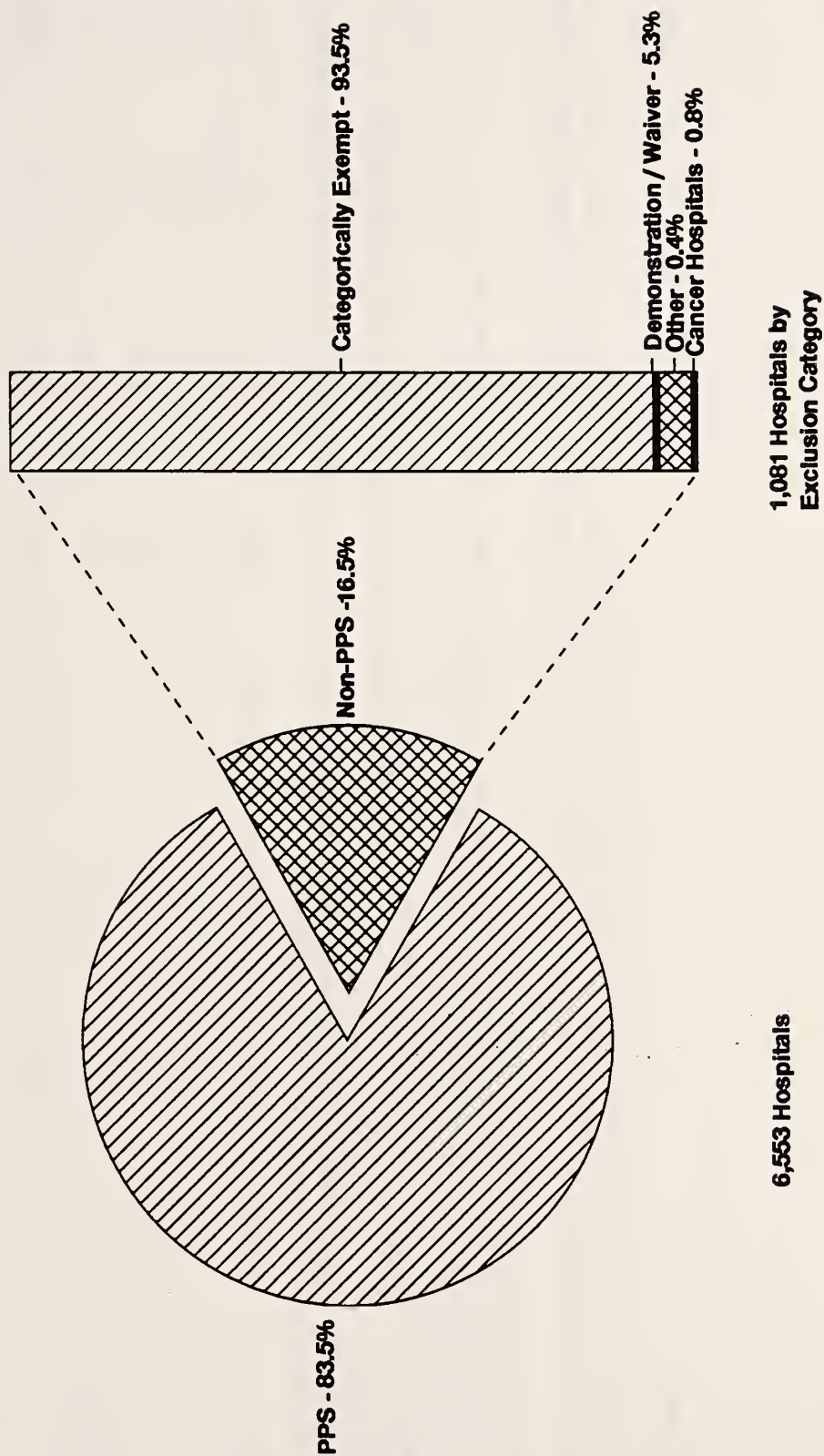
Total Hospitals	6,553
Hospitals under PPS	5,472
Hospitals Receiving Special Consideration:	1,371
Regional Referral Centers ¹	235
Sole Community Hospitals ¹	630
Medicare Dependent Small Rural Hospitals	506
Non-PPS Hospitals	1,081
Categorically Exempt:	1,011
Psychiatric	704
All Non Short-Stay	307
Short-Stay Hospitals in Waiver States or Demonstrations	57
Short-Stay Hospitals in Outlying Areas	4
Cancer Hospitals	9
Total Excluded Units	1,838
Psychiatric	1,146
Rehabilitation	692

¹Data as of January 1992.

SOURCE: HCFA/BPD/HSQB/BDMS

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Medicare Participating Hospitals by PPS Status and Exclusion Category as of September 1991



SOURCE: HCFA / BPD / HSQB / BDMS

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Medicare Short-Stay Hospitals/Average Length of Stay

	1984	1985	1986	1987	1988	1989	1990	¹ 1991
All Short-Stay Hospitals	9.1	8.7	8.7	8.9	8.9	8.9	8.9	9.1
PPS Only ²	8.0	7.9	⁴ 8.2	⁵ 8.5	⁶ 8.6	⁷ 8.5	8.6	8.4
Non-PPS ³	10.1	12.5	13.4	13.4	13.1	12.6	14.2	14.1
Excluded Units	18.0	18.8	19.3	19.8	19.7	19.7	19.5	18.7

¹Preliminary. Data for 1991 from unpublished bill data tables, 2/92 update.

²Bills for stays that overlap a hospital's transition into PPS are aggregated and included in PPS. Average length of stay may differ from that based on that portion of stays actually covered by PPS.

³Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS excluded units, demonstration hospitals, and hospitals in outlying areas.

⁴Short-stay hospitals in Massachusetts transitioned into PPS beginning September 1985 based on each provider's fiscal year start date. Short-stay hospitals in New York transitioned into PPS on 1/1/86.

⁵On 10/1/87 Short-stay hospitals in Puerto Rico and Alcohol/Drug hospitals transitioned into PPS.

⁶The Rochester, New York demonstration terminated 12/31/87. Hospitals covered by that demonstration were covered by PPS after that date.

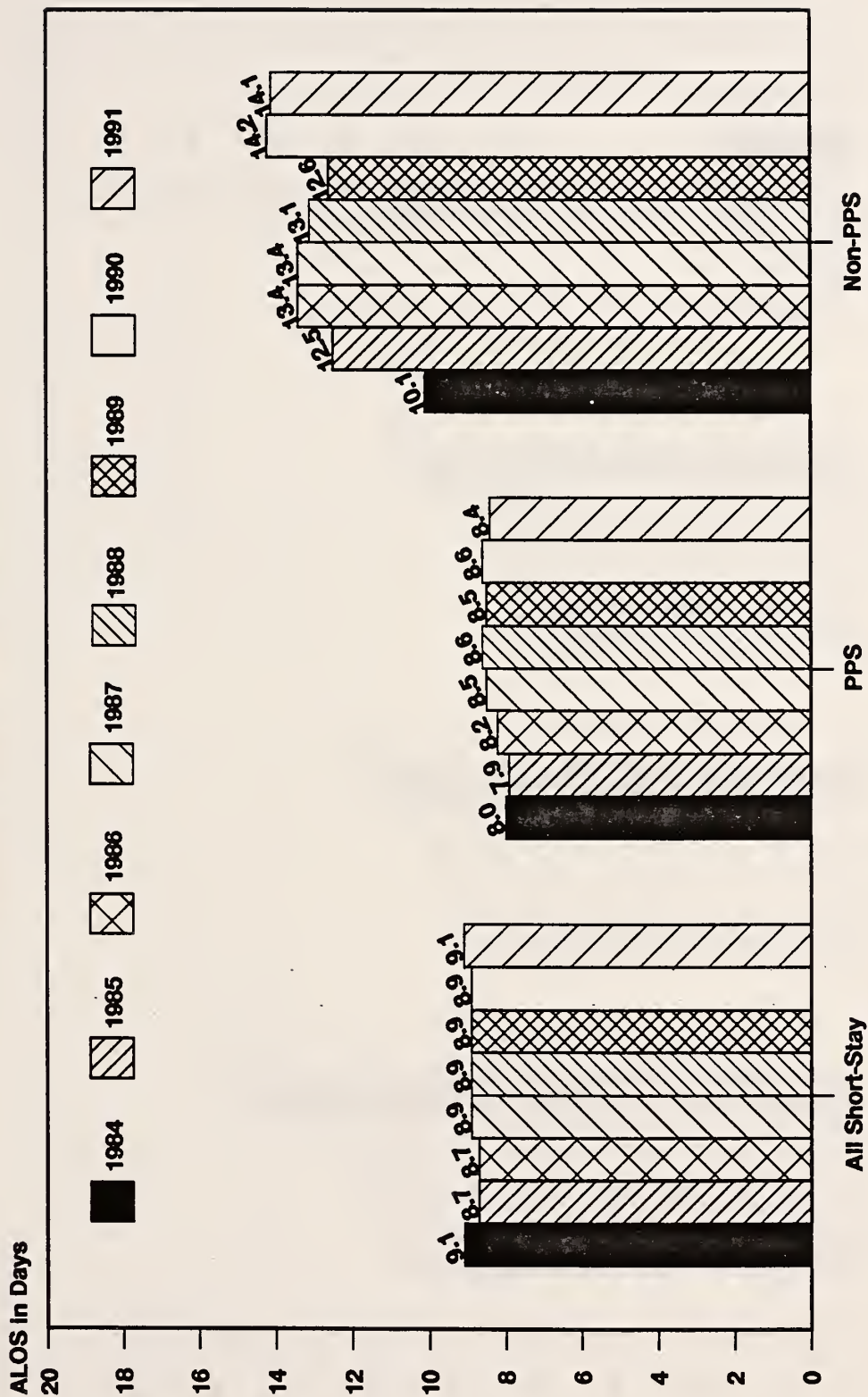
⁷Short-stay hospitals in New Jersey transitioned into PPS on 1/1/89.

NOTES: Fiscal year data. Average length of stay is shown in days. For all Short-stay, PPS and Non-PPS hospitals, data are based on a 20-percent sample of Medicare HI enrollees (20-percent MEDPAR file). Data for PPS excluded units are based on unpublished tables generated from discharge bills. Data may differ from other sources (for example, discharge bills or 100-percent MEDPAR) or from the same source with a different update cycle.

SOURCE: HCFA/BDMS

March 1992

Medicare Short - Stay Hospital Average Length of Stay Fiscal Years 1984 - 1991

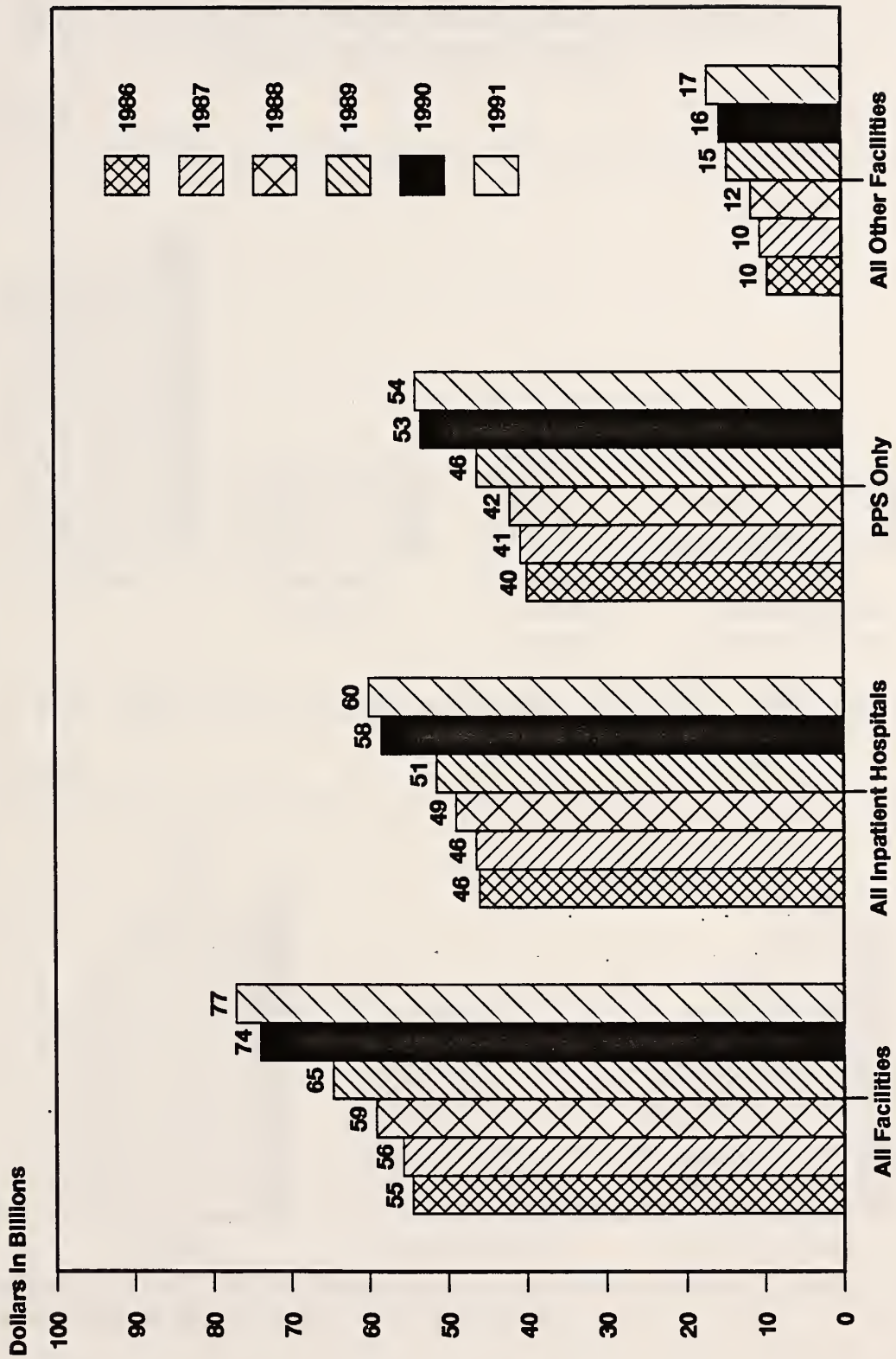


NOTES: Based on the 20 - percent MEDPAR file. 1991 based on preliminary data.

SOURCE: HCFA / BDMS

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Medicare PPS Benefit Payment Trends Fiscal Years 1986 - 1991

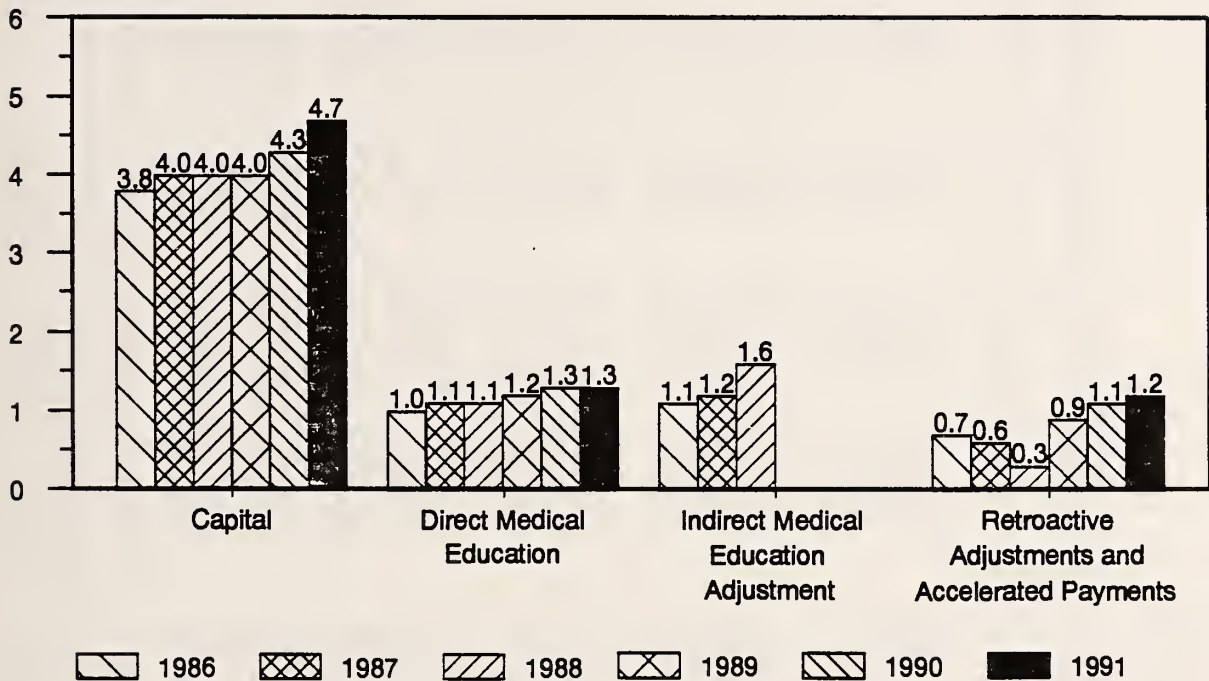


SOURCE: HCFA / BPO

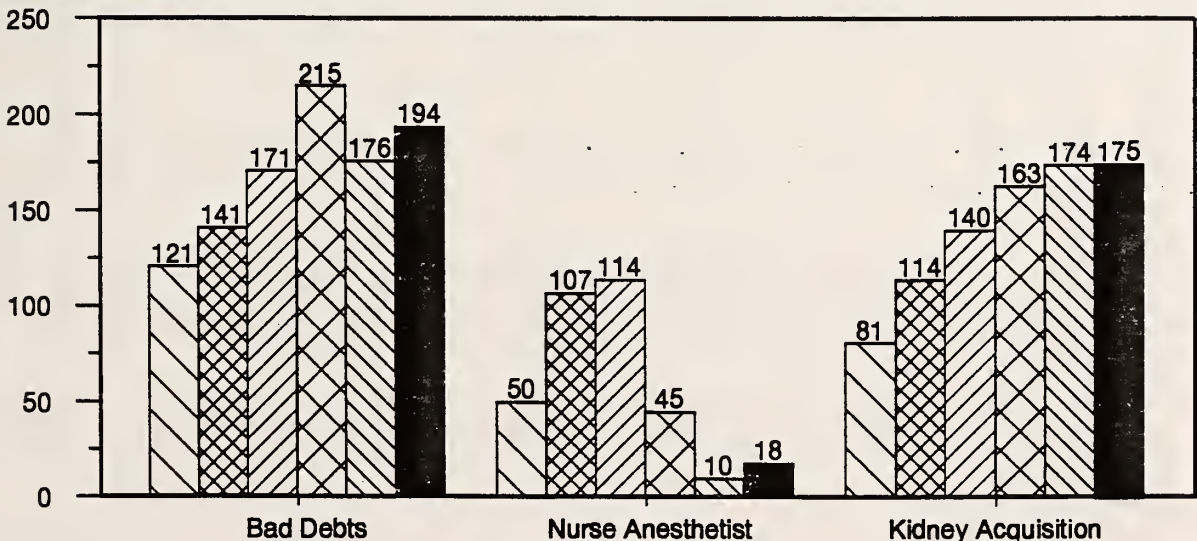
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Non - Billing PPS Reimbursement by Category Fiscal Years 1986 - 1991

Dollars in Billions



Dollars in Millions



NOTE: Beginning October 1, 1988, the additional payment amount for Indirect Medical Education Adjustment is included in billing reimbursement for PPS hospitals.

Source: HCFA/BPO

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Medicare Prospective Payment System/DRG Ranking—PPS Bills

FY Rank 1990 1989	DRG No.	DRG Relative Weight	Discharges ¹		Average Length of Stay	Charge Per Discharge	Total Payments ² in thousands	Total Medicare Payments ³ in thousands	Beneficiary Payments ⁴ in thousands	Average Payment ⁵	
			Number	Percent						Total	Beneficiary
1	1	1.0169	9,842,255	100.0%	8.6	\$9,515	\$54,146,347	\$49,899,204	\$4,247,144	\$5,501	\$432
2	2	1.0169	558,490	5.7	7.9	7,120	2,275,394	2,064,549	210,845	4,074	378
3	3	1.2059	380,227	3.9	9.0	7,807	1,764,324	1,601,508	162,816	4,640	428
4	4	0.6387	340,543	3.5	4.6	4,275	814,432	674,679	139,753	2,392	410
5	5	1.2260	321,470	3.3	10.5	8,781	1,656,719	1,504,702	152,017	5,154	473
6	6	0.7414	247,924	2.5	6.4	5,297	728,606	\$625,685	102,921	2,939	415
7	7	2.3437	243,705	2.5	11.3	16,286	2,198,093	2,076,205	121,887	9,019	500
8	8	0.9404	199,470	2.0	8.6	6,722	791,094	715,351	75,743	3,966	380
9	9	0.9734	189,056	1.9	7.2	6,286	690,952	612,484	78,468	3,655	415
10	10	0.8707	173,116	1.8	6.1	5,842	591,583	520,072	71,511	3,417	413
11	11	1.9106	168,758	1.7	7.1	13,701	1,320,156	1,259,052	61,103	7,823	362
12	12	1.0261	151,330	1.5	8.7	7,107	637,888	576,745	61,143	4,215	404
13	13	0.9620	150,989	1.5	7.1	6,856	578,309	513,731	64,577	3,830	428
14	14	3.2705	134,362	1.4	17.0	23,643	1,852,207	1,784,680	67,527	13,785	503
15	15	1.0153	132,042	1.3	7.5	6,907	527,316	475,877	51,439	3,994	390
16	16	0.6350	130,700	1.3	5.5	4,525	335,151	274,569	60,582	2,564	464
17	17	0.4890	130,592	1.3	3.6	4,182	274,379	255,099	19,280	2,101	148
18	18	1.6228	129,805	1.3	10.0	11,252	772,270	716,677	55,593	5,949	428
19	19	1.8530	123,931	1.3	12.3	12,221	913,919	864,149	49,770	7,374	402
20	20	1.5346	122,249	1.2	10.7	10,843	771,568	722,180	49,388	6,311	404
21	21	0.6501	112,821	1.1	6.9	4,562	292,579	241,023	51,556	2,593	457
22	22	0.5226	109,275	1.1	3.4	3,514	222,208	172,858	49,350	2,033	452
23	23	1.1876	108,170	1.1	6.0	8,612	509,549	467,300	42,249	4,711	391
24	24	2.0536	107,310	1.1	14.0	14,083	889,151	836,636	52,515	8,286	489
25	25	0.9827	101,164	1.0	6.2	6,352	388,266	339,841	48,425	3,838	479
26	26	1.1233	98,219	1.0	7.3	7,870	387,882	344,774	43,108	3,949	439

¹ Based on the stay records for a 100% sample of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file through 9/91.

² Total payments represent total hospital revenue for Medicare utilization, including payments and beneficiary obligations. Excluded are payments for no-pay, at-risk HMO utilization and Medicare secondary payer bills.

³ Pass-through amounts are estimated using HCRIIS cost reports. A per diem amount is derived and applied to each stay record. Pass-throughs include capital related costs, direct medical education costs, bad debts attributed to deductibles and coinsurance amounts related to covered services received by beneficiaries, kidney acquisition costs where appropriate and nurse anesthetist costs.

⁴ Beneficiary payments are the responsibility of the beneficiary or other third party payer.

⁵ Average payments are calculated using actual dollar amounts, not rounded data shown.

NOTE: Fiscal year data

SOURCE: HCFA/BDMS

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Medicare Prospective Payment System/DRG Ranking-PPS Bills

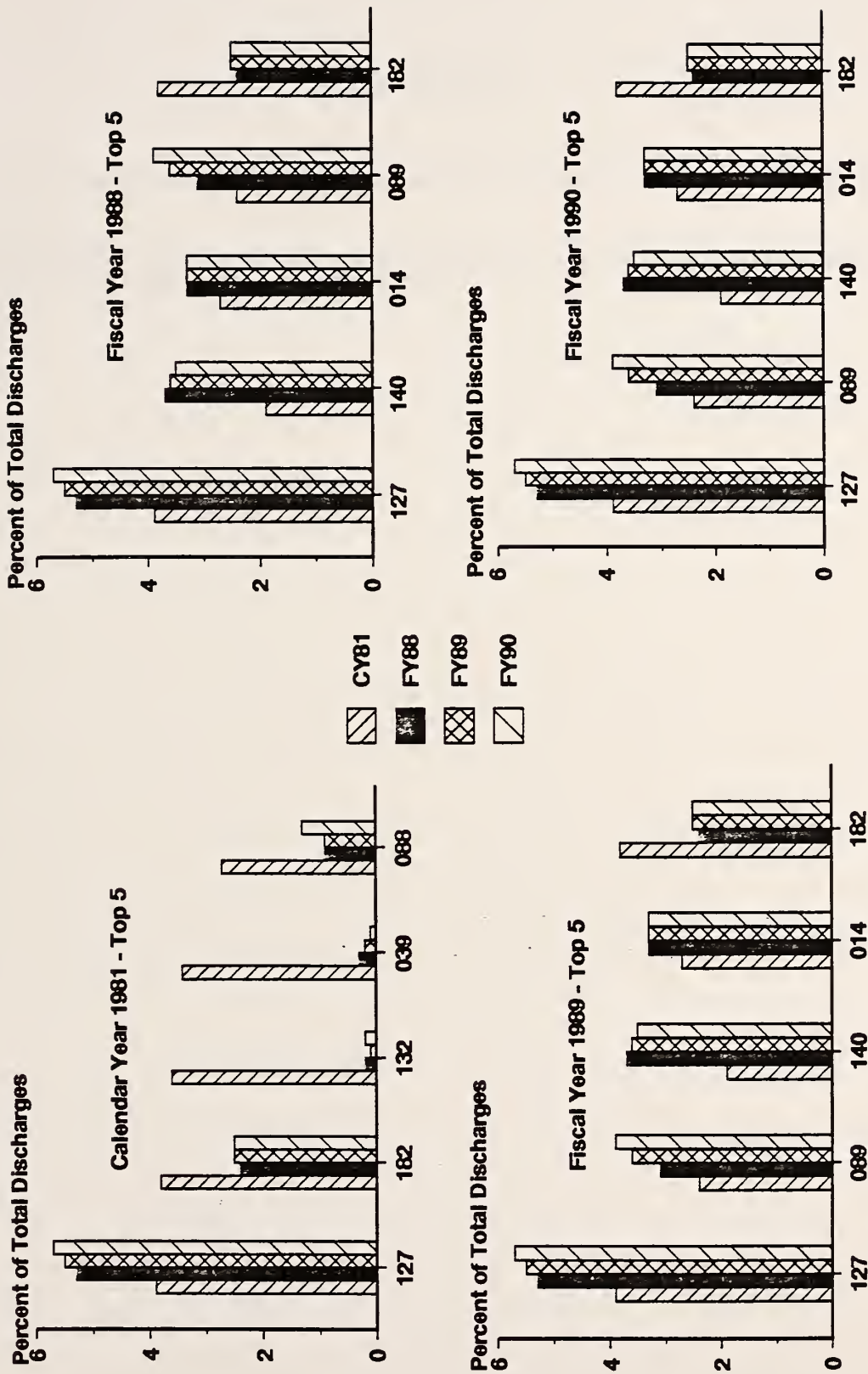
FY Rank 1990	DRG Number	Description
1	127	Heart Failure and Shock
2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	140	Angina Pectoris
4	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
5	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
6	209	Major Joint and Limb Reattachment Procedures
7	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions
8	096	Bronchitis and Asthma, Age over 17 with Complicating Conditions
9	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
10	112	Vascular Procedures Except Major Reconstruction, without Pump
11	320	Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions
12	174	Gastrointestinal Hemorrhage with Complicating Conditions
13	148	Major Small and Large Bowel Procedures with Complicating Conditions
14	088	Chronic obstructive pulmonary disease
15	015	Transient Ischemic Attack and Precerebral Occlusions
16	410	Chemotherapy
17	121	Circulatory Disorders with Acute Myocardial Infarction and Cardiovascular Complications, Discharged Alive
18	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
19	416	Septicemia, Age over 17
20	243	Medical Back Problems
21	143	Chest Pain
22	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis
23	210	Hip and Femur Procedures Except Major Joint, Age over 17 with Complicating Conditions
24	336	Transurethral Prostatectomy, with Complicating Conditions
25	122	Circulatory Disorders with Acute Myocardial Infarction, without Cardiovascular Complications, Discharged Alive

NOTE: Fiscal year data.

SOURCE: HCFA/BDMS

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Trends in Top 5 DRGs from Calendar Year 1981 and Fiscal Years 1988 - 1990



SOURCE: HCFA / BDMS

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III. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HEALTH CARE SPENDING HIGHLIGHTS

- o Spending for all health care amounted to \$666.2 billion in 1990 or 12.2 percent of the Gross National Product (GNP).
- o Combined Medicare and Medicaid spending accounted for 28.0 percent of total health care expenditures in 1990.
- o The majority of Medicare expenditures are for hospital care. The largest Medicaid expenditure is also for hospital care.
- o Medicare benefit payments for inpatient hospital care are projected to increase 8.0 percent from fiscal year 1992 to 1993. During the same period of time, physician and supplier payments under Medicare are expected to increase 11.4 percent.

National health expenditures have grown more rapidly than the rest of the economy.

- o Between calendar year 1980 and 1990, national health expenditures grew 10.3 percent per year.
- o During the same period, the gross national product grew 7.2 percent per year.
- o National health expenditures have increased as a share of the gross national product, rising from 9.2 percent in calendar year 1980 to 12.2 percent in calendar year 1990.

Various factors affect the increases in health care expenditures.

- o Personal health care expenditures increased from \$219.4 billion in 1980 to \$585.3 billion in 1990.
- o Population growth has continued to contribute about the same proportion of the increase in personal health expenditures.
- o Price inflation (including medical care and general price inflation) continues to be the major factor.
- o From 1980 to 1985, factors other than price or population (for example, more intensive/utilization per person, changes in the types of care rendered, and technological advances) became a decreasing proportion of the increase in personal health care expenditures. From 1989 to 1990, the proportion contributed by these factors was about the same as in the 1975-1980 period.

The composition of health spending has shifted toward hospital and nursing home care.

- o In calendar year 1965, before the implementation of Medicare and Medicaid, hospital care and nursing home care accounted for 33.7 percent and 4.1 percent of national health expenditures, respectively.
- o By calendar year 1990, hospital care consumed 38.4 percent of the health dollar and nursing home care accounted for 8.0 percent.
- o During the same period, expenditure for research and construction dropped from 8.3 percent of the total to 3.4 percent.

Medical care price indexes continue to increase at a faster rate than the all item Consumer Price Index.

- o In recent years, changes in the CPI for all items have lagged considerably behind physicians services and hospital services.
- o In 1991, the CPI for all items remained the same as the preceding year of 5.0 percent as compared to 6.5 percent for physicians' services and 9.9 percent for hospital rooms.

Employment, hours, and earnings in health care establishments have generally grown faster than the general economy, and are less vulnerable to business cycles. However, this trend was reversed in 1984. Since 1986, the relationship has returned to the more normal pattern.

- o Work hours in all nonagricultural establishments increased 0.9 percent between 1989 and 1990 compared to an increase of 5.1 percent for health care establishments over the same period.

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HCFA Benefit Payments/Major Program Service Categories
Fiscal Year 1990

Type of Service	Total Program Payments		Medicare ¹		Medicaid ²	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
			Amount in millions			
Total	\$172,269	100.0	\$107,410	100.0	\$64,859	100.0
Inpatient Hospital	77,553	45.0	359,165	55.1	18,388	28.4
Skilled Nursing Facilities	10,807	6.3	2,781	2.6	8,026	12.4
Other Nursing Home	17,021	9.9	—	—	17,021	26.2
Home Health	7,136	4.1	3,732	3.5	3,404	5.2
Physician Services	35,635	20.7	431,617	29.4	4,018	6.2
Outpatient	11,678	6.8	58,354	7.8	3,324	5.1
Clinic	1,688	1.0	(³)	—	1,688	2.6
Prescribed Drugs	4,420	2.6	—	—	4,420	6.8
Other Care	6,330	3.7	61,761	1.6	74,569	7.0

¹Estimated. Projections for fiscal years 1991-1993 are shown separately in this section.

²Vendor payments (Federal and State) from statistical reporting system; excludes premiums and capitation amounts.

³Includes PRO expenditures.

⁴Includes physicians, other practitioners, and Part B suppliers (total of \$28,968 million), and group practice prepayment plans (\$2,649 million).

⁵Covered clinic services are included under outpatient.

⁶Independently billing laboratory and hospice.

⁷Includes dental (\$593 million), other practitioners (\$372 million), laboratory and radiological services (\$721 million), family planning services (\$265 million), early periodic screening (\$198 million), rural health clinic services (\$34 million), and other care (\$2,385 million).

NOTE: Percent distribution based on rounded numbers.

SOURCES: HCFA/OACT/BDMS

March 1992

Medicare/Trust Fund Projections

	1991	1992	1993
Amount in millions			
HI Total Disbursements ¹	\$70,742	\$77,560	\$84,213
HI Administrative Expenses	1,156	1,414	1,372
HI Benefit Payments	68,486	76,146	82,841
Aged	61,129	67,905	73,814
Disabled	7,357	8,241	9,027
MSC Quinquennial Adjustment	1,100	—	—
SMI Total Disbursements ¹	47,021	54,221	61,518
SMI Administrative Expenses	1,565	1,528	1,748
SMI Benefit Payments	45,456	52,693	59,770
Aged	40,141	46,974	53,404
Disabled	5,315	5,719	6,366

¹ Current law data. Totals do not necessarily equal the sum of rounded components.

NOTES: Fiscal year data. Administrative expenses for both HI and SMI include the sum of administrative costs, research, and PROs. "MSC" means Military Service Credits Adjustment.

SOURCE: HCFA/OBA

March 1992

Medicare/Type of Benefit

	Benefit Payments ¹				Percent Distribution
	1990	1991	1992	1993	1993
Amount in millions					
Total HI ²	\$65,721	\$68,486	\$76,146	\$82,841	100.0
Inpatient Hospital	58,974	60,775	66,959	72,301	87.3
Skilled Nursing Facility	2,781	2,459	2,661	2,863	3.5
Home Health Agency	3,646	4,787	5,921	6,917	8.3
Hospice	320	465	605	760	0.9
Total SMI ²	41,498	45,456	52,693	59,770	100.0
Physician/Other Suppliers	28,968	31,049	35,694	39,761	66.5
Outpatient	8,354	9,232	10,872	12,619	21.1
Home Health Agency	86	64	102	117	0.2
Group Practice Prepayment	2,649	3,411	3,944	4,687	7.8
Independent Laboratory	1,441	1,700	2,081	2,586	4.3

¹ Includes the effect of regulatory items and recent legislation but not proposed law.

² Excludes PRO expenditures.

NOTES: Fiscal year data. Benefits by type of service are estimated and are subject to change.

SOURCES: HCFA/OACT for fiscal year 1990 and OBA for fiscal years 1991-93.

March 1992

Medicaid/Basis of Eligibility

	Vendor Payments				Percent Distribution
	1985	1988	1989	1990	1990
	Amount in millions				
Total	\$37,508	\$48,710	\$54,500	\$64,859	100.0
Age 65 and over	14,096	17,135	18,558	21,508	33.2
Blind	249	344	409	434	0.7
Disabled	13,203	18,250	20,476	23,969	37.0
Dependent Children under Age 21	4,414	5,848	6,892	9,100	14.0
Adults in Families with Dependent Children	4,746	5,883	6,897	8,590	13.2
Other Title XIX	798	1,198	1,137	1,051	1.6

NOTES: Fiscal year data. Vendor payments exclude premiums and capitation amounts. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for individuals with unconfirmed eligibility status at the time of payment.

SOURCE: HCFA/BDMS

March 1992

Medicaid Vendor Payments by Type of Service

	1985	1988	1989	1990	Percent Distribution 1990
	Amount in millions				
Total	\$37,508	\$48,710	\$54,500	\$64,859	100.0
Inpatient Services					
General Hospitals	10,645	13,452	14,848	18,388	28.4
Mental Hospitals	9,453	12,076	13,378	16,674	25.7
Skilled Nursing Facilities	1,192	1,375	1,470	1,714	2.6
ICF Services	5,071	6,354	6,660	8,026	12.4
Mentally Retarded	10,079	13,944	15,521	17,021	26.2
All Other	4,731	6,022	6,649	7,354	11.3
Physician Services	6,516	7,922	8,871	9,667	14.9
Dental Services	2,346	2,953	3,408	4,018	6.2
Other Practitioner Services	458	577	498	593	0.9
Outpatient Hospital Services	251	284	317	372	0.6
Clinic Services	1,789	2,413	2,837	3,324	5.1
Laboratory & Radiological Services	714	1,105	1,249	1,688	2.6
Home Health Services	337	543	590	721	1.1
Prescribed Drugs	1,120	2,015	2,572	3,404	5.2
Family Planning Services	2,315	3,294	3,689	4,420	6.8
Early and Periodic Screening	195	206	227	265	0.4
Rural Health Clinics	85	123	146	198	0.3
Other Care	7	15	22	34	0.1
	928	1,431	1,916	2,385	3.7

NOTES: Fiscal year data. Percent distribution based on rounded numbers. Vendor payments exclude premiums and capitation amounts.

SOURCE: HCFA/BDMS

March 1992

Medicaid Expenditures/Type of Service and Basis of Eligibility
Fiscal Year 1990

	Total Vendor Payments	Inpatient Hospital Services	Other Services	Long-Term Care Services ¹
Percent Distribution				
All Groups	100.0	24.8	27.2	46.1
Age 65 and over	33.2	2.0	4.1	27.0
Blind and Disabled	37.6	9.5	10.0	18.2
Children under Age 21	14.0	6.8	6.5	0.8
AFDC-type Adults	13.2	6.5	6.6	0.1

¹Includes services in mental facilities, SNF, ICF, ICF/MR, and Home Health Services.

NOTE: Totals do not necessarily equal the sum of rounded components due to the exclusion of other Title XIX and recipients where the basis of eligibility is unknown.

SOURCE: HCFA/BDMS

March 1992

National Health Care/Type of Expenditure
Calendar Year 1990

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$666.2	\$2,566	28.0	16.7	11.3
Health Services and Supplies	643.4	2,479	29.0	17.3	11.7
Personal Health Care	585.3	2,255	30.8	18.6	12.2
Hospital Care	256.0	986	37.8	26.7	11.1
Physicians' Services	125.7	484	28.1	23.9	4.2
Nursing Home Care	53.1	205	50.1	4.7	45.4
Other Personal Health Care	150.5	580	14.4	5.4	9.0
Other Services and Supplies	58.1	224	10.5	3.9	6.6
Research/Construction	22.8	88	—	—	—

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1992

HCFA Benefit Payments/Major Personal Health Expenditure Service Categories
Calendar Year 1990

Type of Service ¹	Total Program Payments		Medicare		Medicaid	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
Total	\$180.2	100.0	\$108.9	100.0	\$71.3	100.0
Hospital Care	96.8	53.7	68.3	62.7	28.5	39.9
Physicians' Services	35.2	19.5	30.0	27.5	5.2	7.4
Dentists' Services	0.7	0.4	0.0	0.0	0.7	1.0
Other Professional Services ²	5.1	2.8	3.1	2.8	2.0	2.9
Home Health Care ³	5.1	2.8	2.9	2.7	2.2	3.0
Drugs and Other Medical Nondurables	4.9	2.7	0.0	—	4.9	6.9
Vision Products and Other Medical Durables	2.2	1.2	2.2	2.0	0.0	—
Nursing Home Care	26.6	14.8	2.5	2.3	24.1	33.8
Other Personal Health Care	3.6	2.0	—	—	3.6	5.1

¹Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital-based ICF-MR and hospital-based home health services appear as hospital care rather than as nursing home care or as home health services.

²Other professional services include private-duty nurses, chiropractors, optometrists, and other licensed health professionals.

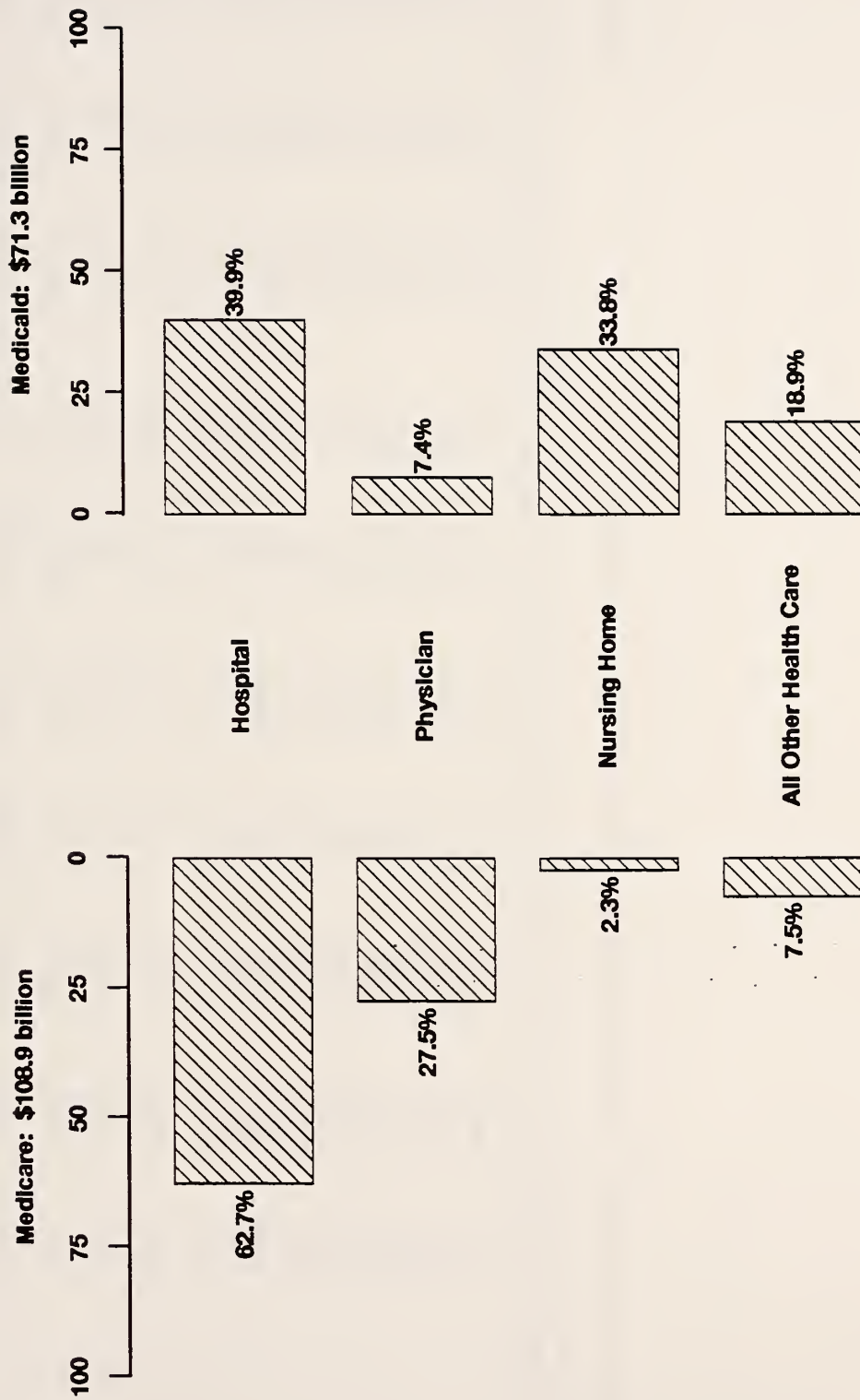
³Non-facility based home health care and some Medicaid care delivered in homes.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments is 57 percent. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

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Medicare and Medicaid Benefit Payments as a Percent of Total Benefit Payments by Type of Service, Calendar Year 1990



SOURCE: HCFA/OACT

March 1992

National Health Care/Trends in Public versus Private Funding

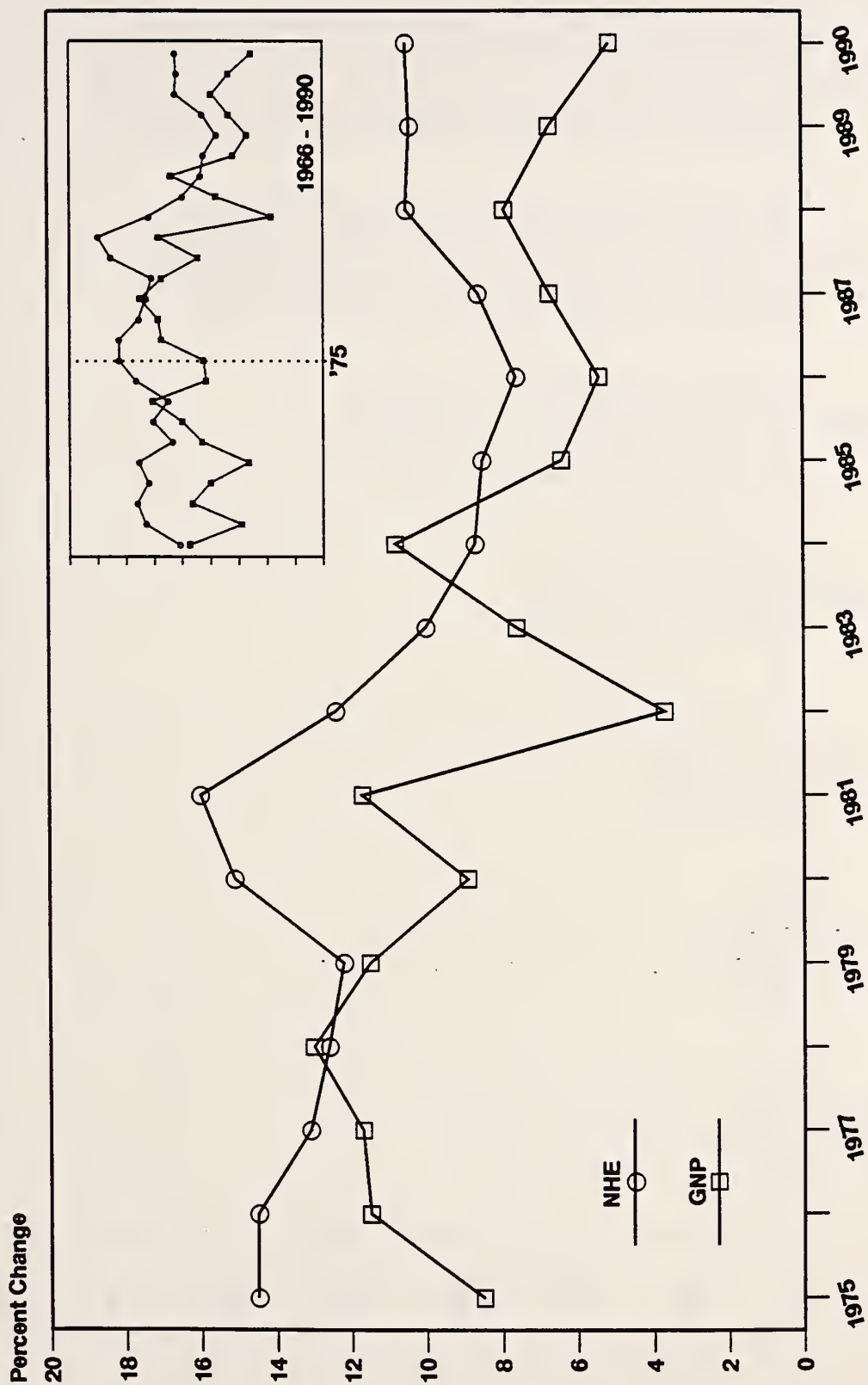
Calendar Year	National Health Expenditures									
	GNP in billions	Total			Private Funds			Public Funds		
		Amount in billions	Per Capita	Percent of GNP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total
1965	\$705	\$41.6	\$204	5.9	\$31.3	\$154	75.3	\$10.3	\$50	24.7
1966	772	45.9	222	5.9	32.3	157	70.4	13.6	66	29.6
1967	816	51.7	248	6.3	32.5	156	62.9	19.2	92	37.1
1970	1,015	74.4	346	7.3	46.7	217	62.8	27.7	129	37.2
1975	1,598	132.9	592	8.3	77.8	346	58.5	55.1	245	41.5
1980	2,732	250.1	1,063	9.2	145.0	616	58.0	105.2	447	42.0
1981	3,053	290.2	1,221	9.5	168.5	709	58.0	121.8	512	42.0
1982	3,166	326.1	1,358	10.3	191.3	797	58.7	134.8	561	41.3
1983	3,406	358.6	1,479	10.5	211.0	870	58.8	147.6	609	41.2
1984	3,772	389.6	1,592	10.3	230.0	940	59.0	159.6	652	41.0
1985	4,015	422.6	1,710	10.5	247.9	1,003	58.6	174.8	707	41.4
1986	4,232	454.8	1,822	10.7	264.6	1,060	58.2	190.2	762	41.8
1987	4,516	494.1	1,961	10.9	285.7	1,134	57.8	208.4	827	42.2
1988	4,874	546.0	2,146	11.2	318.9	1,253	58.4	227.1	893	41.6
1989	5,201	602.8	2,346	11.6	350.2	1,363	58.1	252.6	983	41.9
1990	5,465	666.2	2,566	12.2	383.6	1,478	57.6	282.6	1,089	42.4

NOTE: These data reflect: 1) Bureau of Economic Analysis' Gross National Product as of May 1991; and 2) Social Security Administration's revisions to the population as of July 1991.

SOURCES: HCFA/OACT/SSA and U.S. Department of Commerce, Bureau of Economic Analysis

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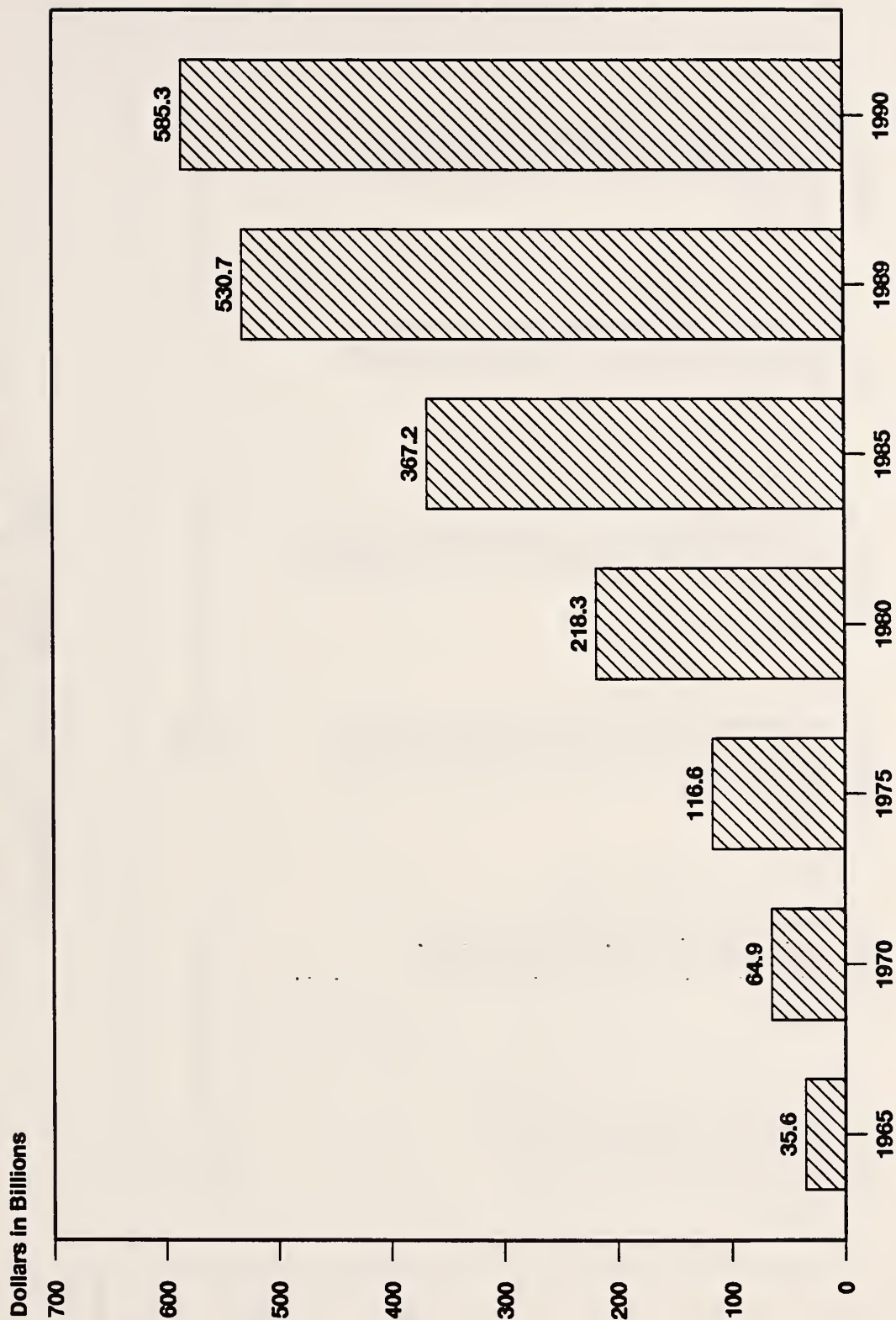
Economic Growth versus Growth in National Health Expenditures Calendar Years 1975 - 1990



SOURCE: HCFA/OACT

March 1992

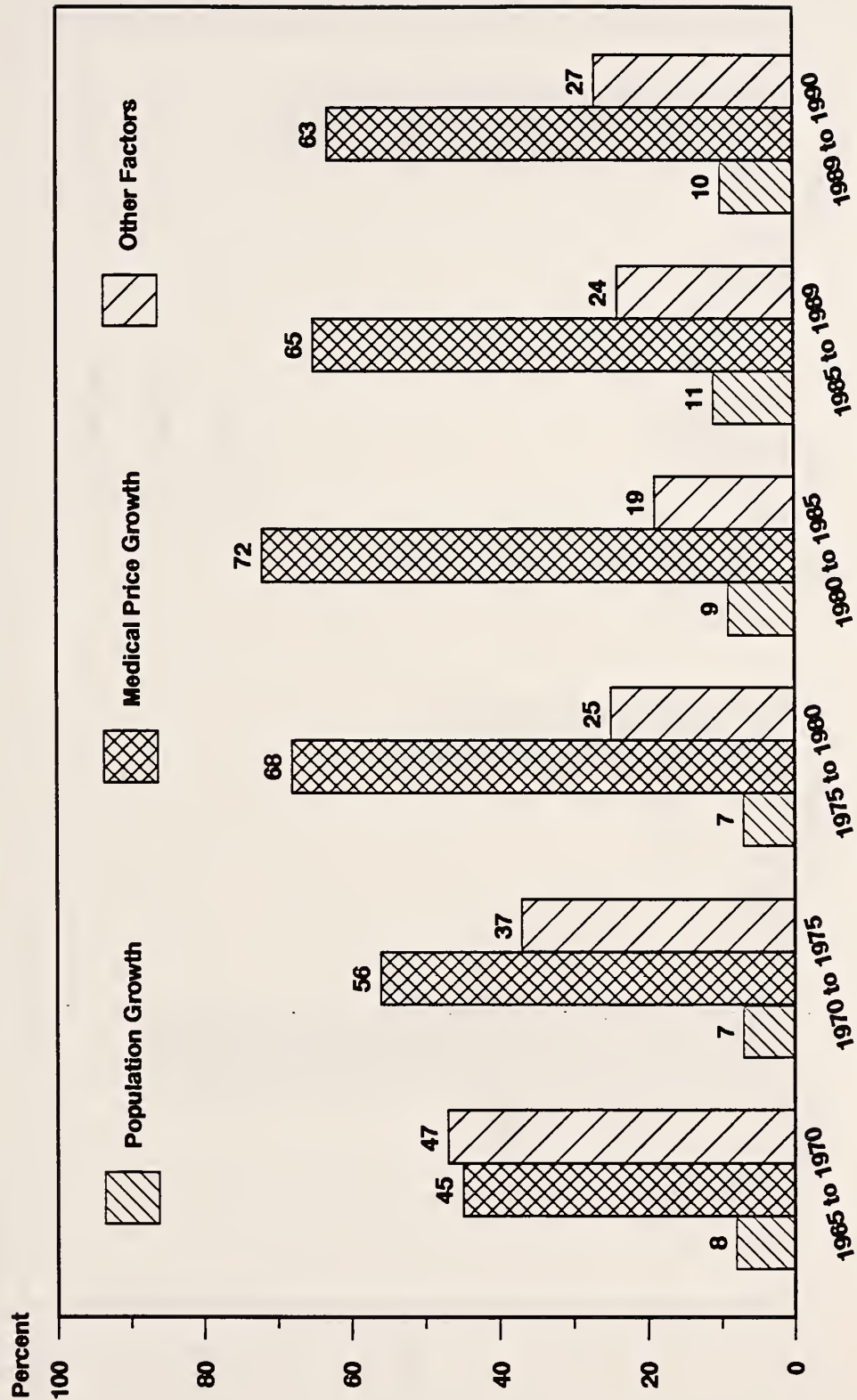
Personal Health Care Expenditures for Selected Calendar Years 1965 - 1990



SOURCE: HCFA/OACT

March 1992

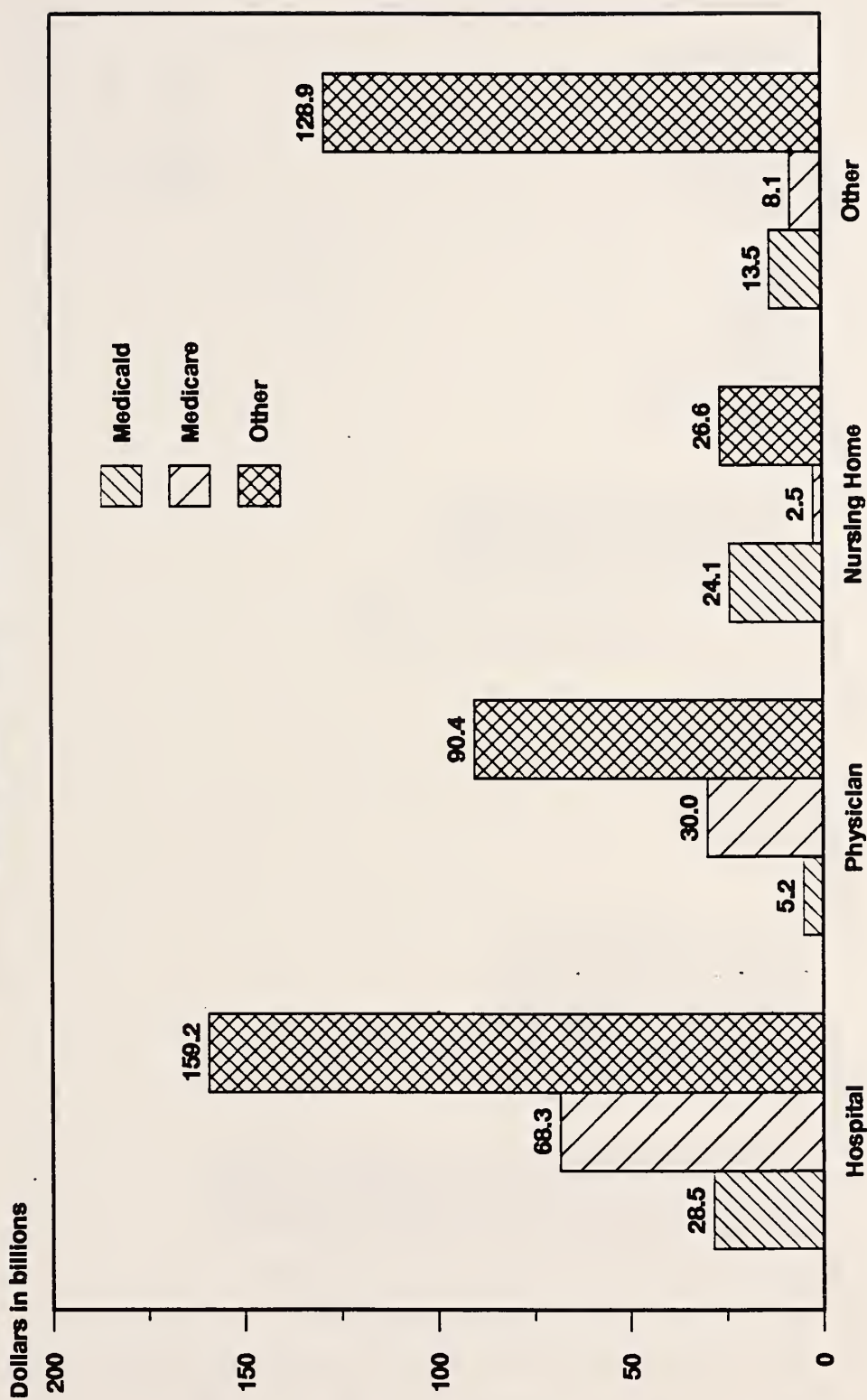
Factors Accounting for the Increase of Personal Health Care Expenditures Calendar Years 1965 - 1990



SOURCE: HCFA/OACT

March 1992

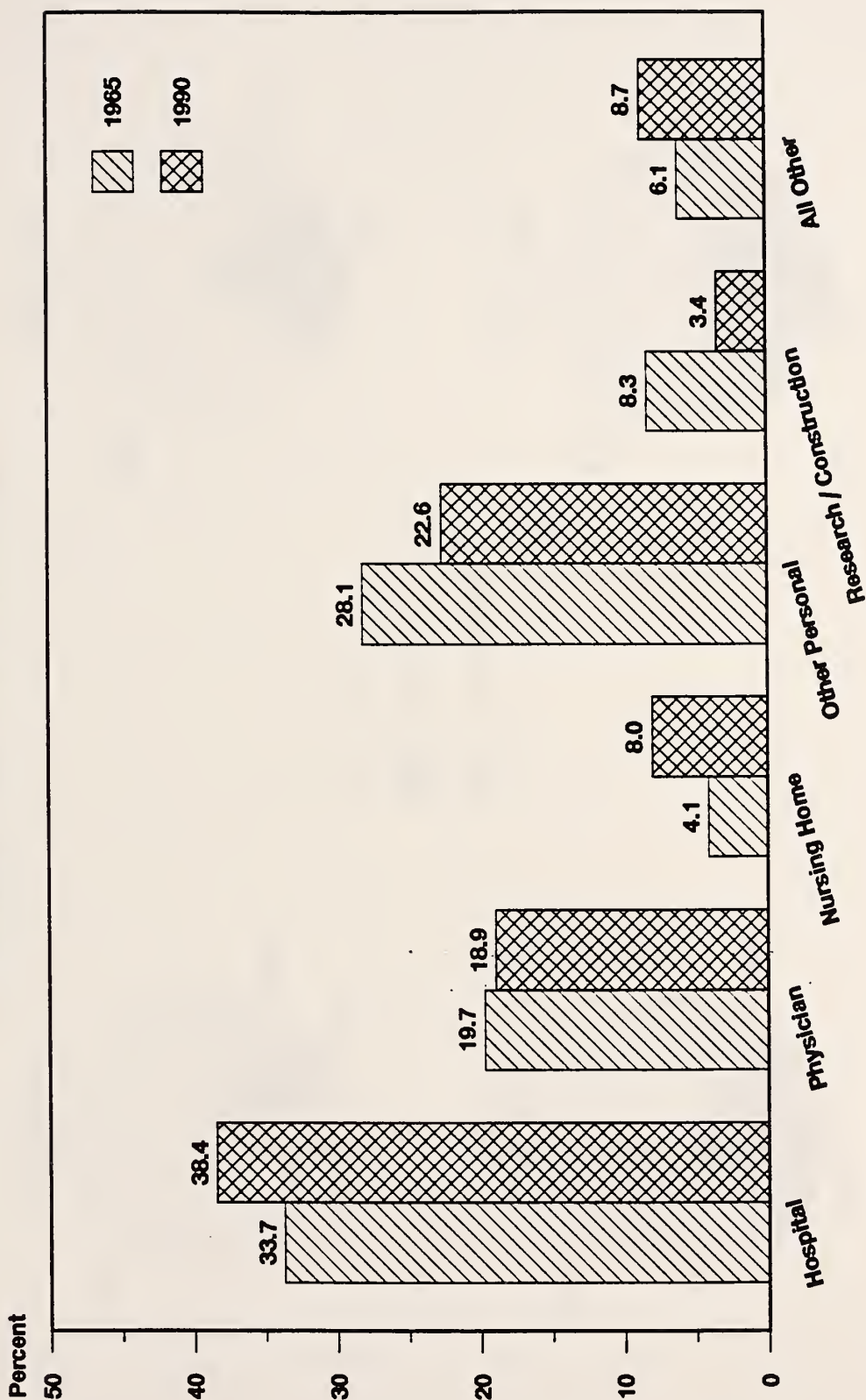
Medicaid, Medicare, and Other Personal Health Care Expenditures, by Type of Service Calendar Year 1990



SOURCE: HCFA / OACT

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Percent of National Health Expenditures by Type of Service Calendar Year 1965 versus 1990

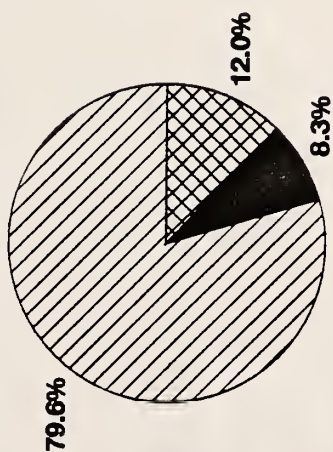


SOURCE: HCFA / OACT

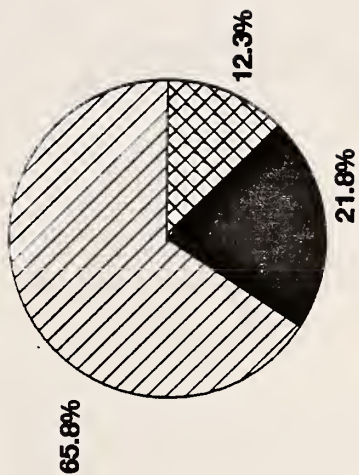
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Per Capita Personal Health Care Expenditures by Source of Funds, Selected Calendar Years

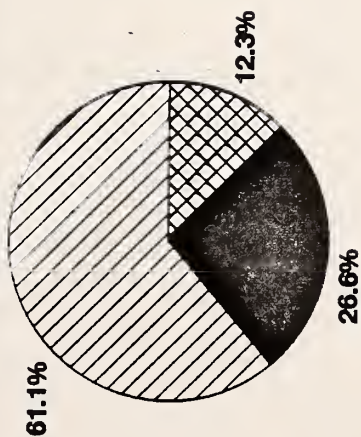
1965: \$175



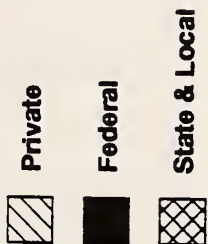
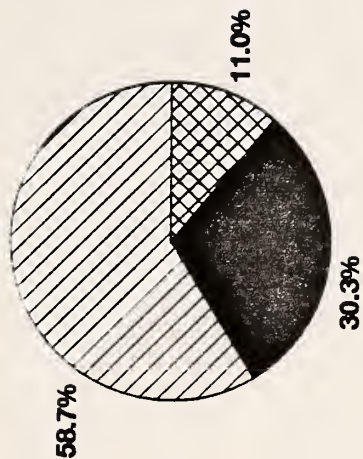
1967: \$214



1975: \$519



1990: \$2,255



SOURCE: HCFA/OACT

March 1992

National Health Care/Source of Funds ¹

	1965	1970	1975	1980	1985	1989	1990
Total in billions	\$41.6	\$74.4	\$132.9	\$250.1	\$422.6	\$602.8	\$666.2
	Percent Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.3	62.8	58.5	58.0	58.6	58.1	57.6
Out-of-Pocket	45.7	34.4	29.0	23.8	22.3	20.9	20.4
Private Health Insurance	24.0	22.5	24.8	29.3	31.7	32.6	32.5
Other Private	5.5	5.9	4.8	4.8	4.6	4.6	4.6
Federal Government	11.6	23.9	27.4	28.8	29.2	29.0	29.3
Medicare	—	10.3	12.3	15.0	17.1	17.0	16.7
Federal Medicaid	—	3.8	5.6	5.8	5.5	5.9	6.4
Other Federal	11.6	9.8	9.5	8.0	6.7	6.1	6.2
State/Local Government	13.2	13.3	14.1	13.3	12.1	12.9	13.1
State Medicaid	—	3.3	4.6	4.7	4.4	4.5	4.9
Other State/Local	13.2	10.0	9.5	8.6	7.7	8.4	8.2

¹ Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

NOTE: Calendar year data. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1992

Personal Health Care/Payment Source

	1965	1970	1975	1980	1985	1989	1990
Total in billions	\$35.6	\$64.9	\$116.6	\$219.4	\$369.7	\$529.9	\$585.3
	Percent Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.6	65.4	61.1	60.3	59.9	59.4	58.7
Out-of-Pocket	53.4	39.5	33.1	27.1	25.5	23.8	23.3
Private Health Insurance	24.3	23.4	25.6	29.7	30.8	32.0	31.8
Other Private	1.9	2.6	2.5	3.5	3.5	3.6	3.6
Public Funds	20.4	34.6	38.9	39.7	40.1	40.6	41.3
Federal	8.3	22.6	26.6	28.9	30.2	30.0	30.3
State and Local	12.0	12.0	12.3	10.8	9.9	10.6	11.0

NOTE: Calendar year data. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1992

National/Medical Care Price Indicator
(1982-1984=100)

Percent Change from Preceding Year¹

Fiscal Year ² Yr. Ending June:	CPI			Medical Care									
	All Items			All Services			Medical Care Services						
	Less			Less			Hospital and Related Services						
	Total	Medical	Other	Total	Medical	Other	Total	Hospital Room ³	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs
1965	—	—	—	—	—	—	—	—	—	—	—	—	—
1966	2.2	2.2	—	2.8	2.6	—	3.7	—	—	—	4.3	-0.0	-0.6
1967	3.2	2.9	—	4.7	4.0	—	7.9	17.6	—	—	7.4	0.0	-0.9
1968	3.3	3.1	—	4.2	3.8	—	8.0	16.1	—	—	6.1	-0.2	-2.0
1969	4.9	4.8	—	6.3	6.1	—	7.6	13.5	—	—	5.9	-0.5	-0.4
1970	5.9	5.8	—	7.6	7.6	—	7.4	12.8	—	—	7.4	1.5	1.9
1971	5.2	5.1	—	7.3	7.1	—	7.7	13.3	—	—	7.6	2.5	0.5
1972	3.6	3.5	—	4.5	4.4	—	5.3	9.4	—	—	5.1	0.9	0.3
1973	4.0	4.1	—	3.5	3.5	—	3.6	5.1	—	—	2.6	0.1	-0.8
1974	8.9	9.2	—	6.5	6.5	—	6.4	5.9	—	—	5.0	1.0	0.5
1975	11.1	11.0	—	10.8	10.3	—	13.3	16.5	—	—	12.8	7.0	5.0
1976	7.1	6.9	—	8.5	8.0	—	10.6	15.2	—	—	11.4	7.2	5.8
Sept:													
1977	6.1	5.8	—	7.6	7.2	—	10.2	11.9	—	—	9.6	6.2	5.5
1978	7.0	7.0	—	8.1	8.0	—	8.7	10.6	—	—	8.5	7.0	7.6
1979	10.3	10.4	—	10.2	10.3	—	9.5	11.9	—	—	8.9	7.1	7.7
1980	13.6	13.7	—	15.1	15.5	—	11.1	12.5	—	—	10.2	8.7	8.6
1981	11.1	11.1	—	13.1	13.4	—	10.3	14.3	—	—	10.8	10.6	10.7
1982	7.4	7.2	—	11.1	11.1	—	12.1	14.6	—	—	10.3	10.6	11.9
1983	3.5	3.2	—	3.9	3.2	—	9.9	12.0	—	—	7.8	9.2	11.5
1984	4.1	3.9	—	4.8	4.7	—	6.2	9.3	—	—	7.3	7.4	9.6
1985	3.7	3.5	—	5.2	5.1	—	5.9	7.0	—	—	5.8	7.3	9.8
1986	2.5	2.2	—	5.1	4.8	—	7.4	5.5	—	—	6.9	6.7	8.7
1987	2.9	2.6	—	4.2	3.9	—	7.2	6.9	—	—	7.6	6.4	8.1
1988	4.1	4.0	—	4.4	4.3	—	6.2	8.4	—	—	7.0	6.9	8.0
1989	4.8	4.6	—	4.9	4.7	—	7.2	11.2	13.0	10.4	7.4	7.5	8.4
1990	5.0	4.8	—	5.3	5.0	—	8.9	11.1	10.9	11.3	7.1	8.3	9.8
1991	5.0	4.8	—	5.5	5.1	—	9.3	10.7	11.4	11.0	6.5	8.3	9.9

¹ Based on average of monthly figures for given years.

² Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

³ Revised title. Years prior to January 1978 reflect semi-private room charges.

SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

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National/Medical Care Price Indicators
(1982-1984=100)
Average Annual Index

Fiscal Year' Yr. Ending June:	CPI		Medical Care										Medical Care Commodities	
	All Items		All Services		Medical Care Services								Medical Care Commodities	
					Hospital and Related Services									
					Other									
	Total	Less Medical	Total	Less Medical	Total	Hospital Room ²	Inpatient Services	Outpatient Services	Physicians' Services	Total	Physicians' Services	Total	Prescription Drugs	
1965	31.2	31.7	26.3	27.0	24.9	31.9	—	—	24.6	45.0	—	45.0	48.0	
1966	31.9	32.4	27.0	27.7	25.6	12.7	—	—	25.6	45.0	—	45.0	47.7	
1967	32.9	33.3	28.2	28.9	25.0	14.9	—	—	27.5	45.0	—	45.0	47.3	
1968	34.0	34.4	29.4	29.9	27.0	17.3	—	—	29.2	44.9	—	44.9	46.4	
1969	35.7	36.0	31.3	31.8	30.9	19.7	—	—	30.9	45.2	—	45.2	46.2	
1970	37.8	38.1	33.7	34.2	32.9	22.2	—	—	33.2	45.8	—	45.8	47.1	
1971	39.7	40.0	36.1	36.6	35.1	25.1	—	—	35.7	47.0	—	47.0	47.3	
1972	41.1	41.4	37.8	38.2	36.8	27.5	—	—	37.6	47.4	—	47.4	47.4	
1973	42.8	43.1	39.1	39.6	37.9	28.9	—	—	38.5	47.4	—	47.4	47.1	
1974	46.6	47.1	41.6	42.2	40.1	30.6	—	—	40.5	47.9	—	47.9	47.3	
1975	51.8	52.3	46.1	46.5	45.1	35.6	—	—	45.6	51.3	—	51.3	49.7	
1976	55.5	55.9	50.0	50.2	49.7	41.0	—	—	50.9	54.9	—	54.9	52.6	
Sept:														
1977	59.6	59.9	54.9	54.9	55.7	47.4	—	—	57.3	59.2	—	59.2	56.2	
1978	63.8	64.0	59.4	59.3	60.5	52.4	—	—	62.1	63.3	—	63.3	60.5	
1979	70.4	70.7	65.5	65.5	66.0	59.4	—	—	67.7	67.8	—	67.8	65.2	
1980	80.0	80.4	75.4	75.6	73.0	66.9	—	—	74.6	73.6	—	73.6	70.8	
1981	88.9	89.3	85.3	85.8	80.6	76.4	—	—	82.6	81.5	—	81.5	78.4	
1982	95.4	95.8	94.8	95.3	90.2	87.6	—	—	91.1	90.1	—	90.1	87.7	
1983	98.8	98.8	98.5	98.4	99.0	98.1	—	—	98.3	98.4	—	98.4	97.8	
1984	102.8	102.7	103.2	103.0	105.3	107.2	—	—	105.4	105.6	—	105.6	107.2	
1985	106.6	106.3	108.6	108.3	111.7	114.7	—	—	111.5	113.3	—	113.3	117.6	
1986	109.3	108.6	114.1	113.5	119.8	121.0	—	—	119.2	120.9	—	120.9	127.8	
1987	112.4	111.4	118.9	117.9	128.2	129.4	—	—	128.3	128.7	—	128.7	138.1	
1988	117.0	115.8	124.2	122.9	136.4	140.3	110.8	110.0	137.3	137.6	110.8	137.6	149.2	
1989	122.6	121.1	130.3	128.6	146.3	156.1	125.1	121.4	147.5	147.9	125.1	147.9	161.6	
1990	128.7	126.9	137.2	135.0	159.2	173.4	138.8	135.1	158.0	160.2	138.8	160.2	177.5	
1991	135.2	132.9	144.7	141.9	173.6	191.9	154.6	149.9	168.2	173.5	154.6	173.5	195.1	

¹Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

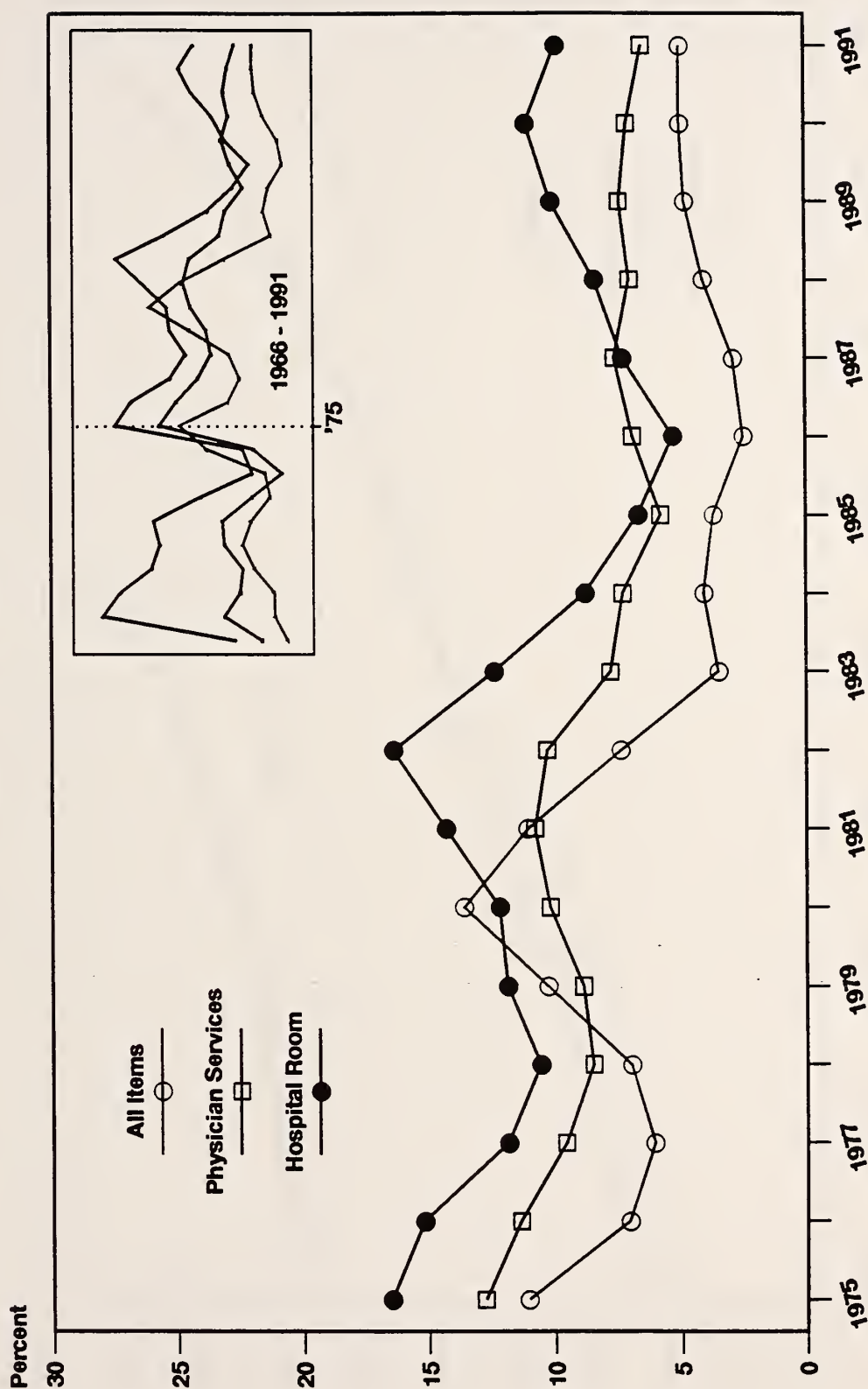
²Revised title. Years prior to January 1978 reflect semi-private room charges.

³Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

SOURCE: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

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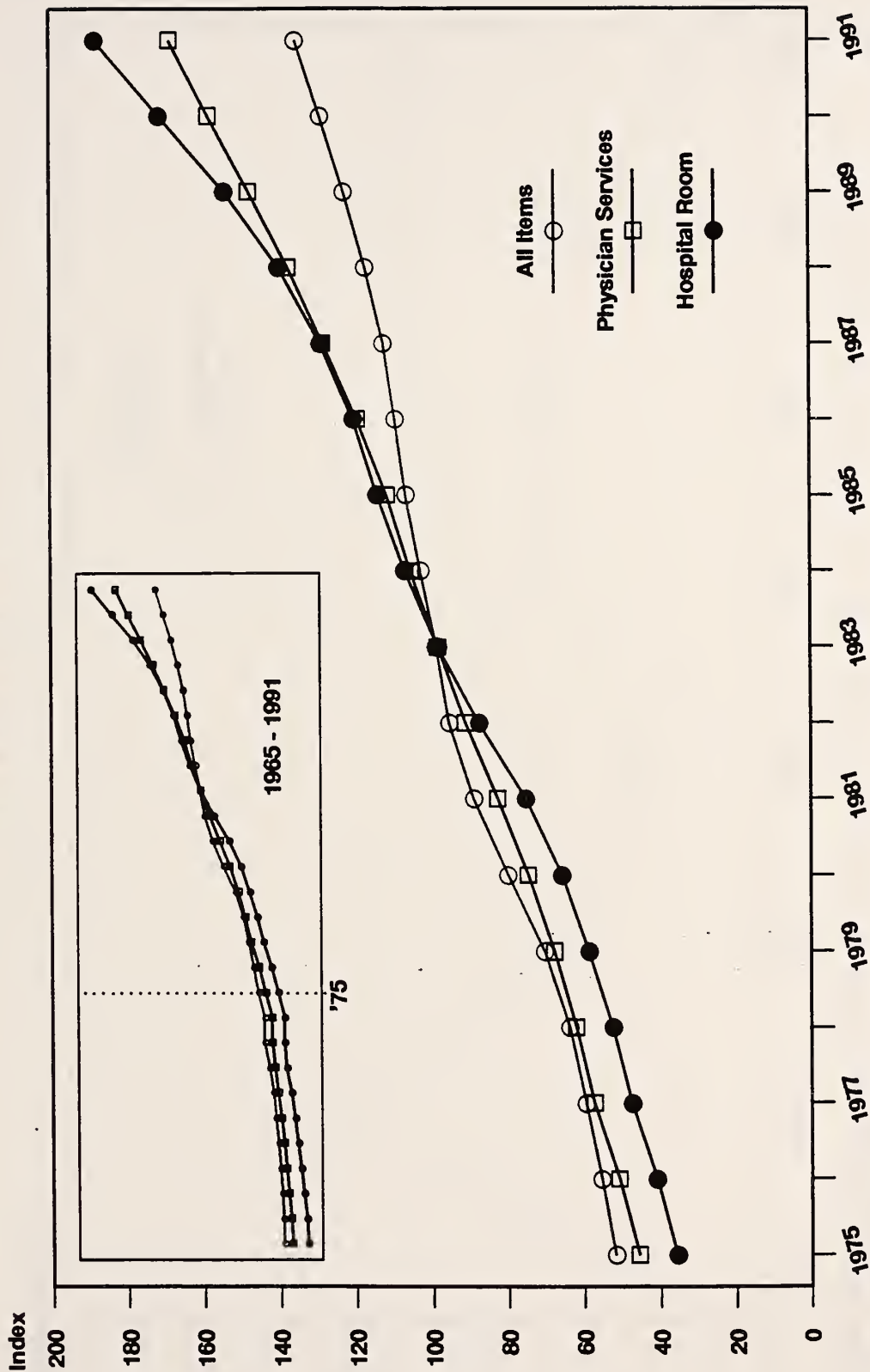
Consumer Price Indexes / Annual Percent Change Fiscal Years 1975 - 1991 (1982 - 84 = 100)



SOURCES: HCFA / OACT and U.S. Department of Labor, Bureau of Labor Statistics

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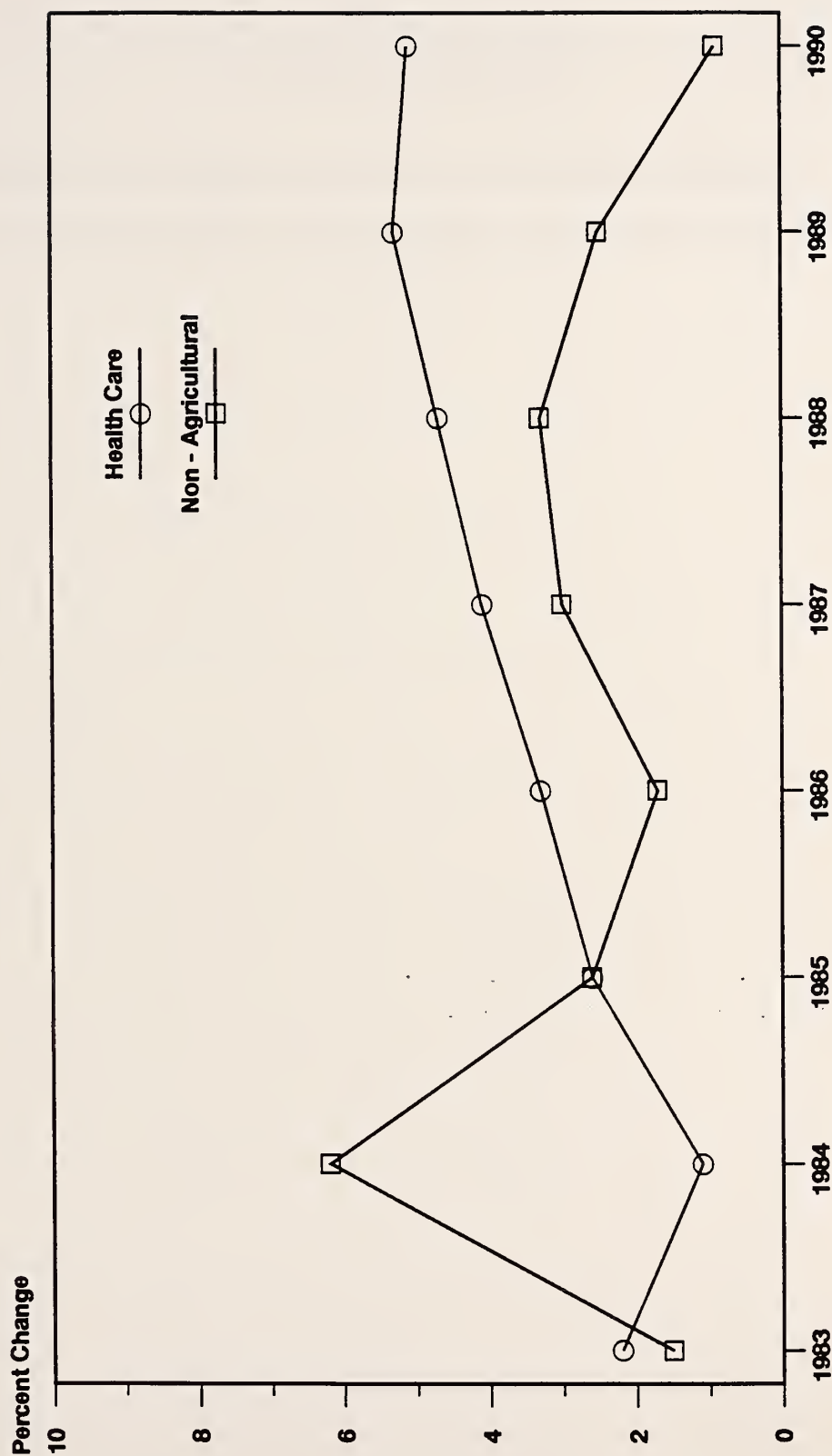
Selected Consumer Price Indexes **Fiscal Years 1975 - 1991** **(1982 - 84 = 100)**



SOURCES: HCFA / OACT and U.S. Department of Labor, Bureau of Labor Statistics

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Workhours in Private Health Care Establishments versus All Non - Agricultural Establishments Calendar Years 1983 - 1990



NOTE: Employment and earnings data from the Bureau of Labor Statistics were revised and are not comparable to information prior to 1982.

SOURCE: HCFA / OACT

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IV. ADMINISTRATIVE/OPERATING

Information on activities and services related to oversight of the day-to-day operations of HCFA programs.

Current and trend data on trust fund operations, contractor performance, and administrative costs are included.

Medicare/Operations of the HI Trust Fund

Fiscal Year ¹	Income				Disbursements				Trust Fund			
	Transfers from Railroad Retirement Account	Reimbursement for Uninsured Persons	Premiums from Voluntary Enrollees	Payments for Military Wage Credits	Interest on Investments and Other Income ²	Total Income	Benefits Payments ³	Administrative Expenses ⁴	Total Disbursements	Interfund Borrowing Transfers ⁵	Net Increase in Fund	Fund at End of Year
Amount in millions												
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$89	\$2,597		\$492	\$1,343
1970	4,785	64	617	11	137	5,614	4,804	149	4,953		661	2,677
1971	4,898	66	863	11	180	6,018	5,442	150	5,592		426	3,103
1972	5,226	66	503	48	188	6,031	6,108	167	6,276		-245	2,859
1973	7,663	63	381	48	196	8,352	6,648	194	6,842		1,510	4,369
1974	10,602	99	451	48	405	11,610	7,806	259	8,065		3,545	7,914
1975	11,291	132	481	48	609	12,568	10,353	259	10,612		1,956	9,870
1976	12,031	138	610	48	709	13,544	12,267	312	12,579		966	10,836
T.O.	3,366	143	90	0	5	3,516	3,315	89	3,404		112	10,948
1977	13,649	70	803	141	770	15,374	14,906	301	15,207		167	11,115
1978	16,677	214	688	143	809	18,543	17,411	451	17,862		681	11,796
1979	19,927	191	734	141	901	21,910	19,891	452	20,343		1,567	13,363
1980	23,244	244	697	141	1,072	25,415	23,790	497	24,288		1,127	14,490
1981	30,425	276	659	141	1,341	32,863	28,907	353	29,260		3,603	18,093
1982	34,390	351	808	207	1,829	37,611	34,343	521	34,864		2,747	20,840
1983	36,387	358	878	3,663	2,629	43,940	38,102	522	38,624	\$-12,437	-7,121	13,719
1984	41,364	351	752	250	2,812	45,563	41,476	633	42,108		3,455	17,174

Medicare/Operations of the HI Trust Fund (continued)

Fiscal Year ¹	Income					Disbursements				Trust Fund			
	Transfers from Railroad Retirement Account	Reimbursement for Uninsured Persons	Premiums from Voluntary Enrollees	Payments for Military Wage Credits	Interest on Investments and Other Income ²	Total Income	Benefits Payments ³	Administrative Expenses ⁴	Total Disbursements	Interfund Borrowing Transfers ⁵	Net Increase in Fund	Fund at End of Year	
Amount in millions													
1985	46,490	371	766	38	86	3,182	50,933	47,841	813	48,654	1,824	4,103	21,277
1986	53,020	364	566	40	10,714	3,167	56,442	49,018	667	49,685	10,613	17,370	38,648
1987	57,820	368	447	40	94	3,982	62,751	49,967	836	50,803		11,949	50,596
1988	61,901	364	475	42	80	5,148	68,010	52,022	707	52,730		15,281	65,877
1989	67,527	379	515	42	86	6,567	75,116	57,433	805	58,238		16,878	82,755
1990	70,655	367	413	113	107	7,908	79,563	65,912	774	66,687		12,876	95,631
1991	74,655	352	605	366	11,101	8,969	83,938	68,705	934	69,638		14,299	109,930

¹Fiscal years 1976 and earlier consist of the 12 months ending on June 30 of each year; the three-month interval from July 1, 1976 through September 30, 1976 labeled "T.Q." is the transition quarter; fiscal years 1977 and later consist of the 12 months ending on September 30 of each year.

²Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and a small amount of miscellaneous income.

³Includes costs of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

⁴Includes costs of experiments and demonstration projects.

⁵A negative amount is a loan to the OASI trust fund; a positive amount is a repayment of loan principal to the HI trust fund.

⁶The 1977 transfer is for benefits and administrative expenses during the five-quarter period covering the transition quarter and fiscal year 1977.

⁷The 1978 transfer is for contributions during the five-quarter period covering the transition quarter and fiscal year 1977.

⁸Includes \$2 million in reimbursement from general revenues for costs arising from the granting of deemed wage credits to persons of Japanese ancestry who were interned during World War II.

⁹Includes the lump sum general revenue transfer of \$3,456 million, as provided for by section 151 of P.L. 98-21.

¹⁰Includes the lump sum general revenue transfer of \$805 million, as provided for by section 151 of P.L. 98-21.

¹¹Includes the lump sum, general revenue transfer of \$1,100 million, as provided for by section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1992

Medicare/Operations of the SMI Trust Fund

Fiscal Year ¹	Income			Disbursements			Balance in Fund at End of Year ⁴
	Premiums from Participants	Government Contributions ²	Interest and Other Income ³	Total Income	Benefit Payments	Administrative Expenses	Total Disbursements
Amount in millions							
Historical:							
1967	\$647	\$623	\$15	\$1,285	\$664	⁵ \$135	\$799
1970	936	928	12	1,876	1,979	217	2,196
1971	1,253	1,245	18	2,516	2,035	248	2,283
1972	1,340	1,365	29	2,734	2,255	289	2,544
1973	1,427	1,430	45	2,902	2,391	246	2,637
1974	1,704	2,029	76	3,809	2,874	409	3,283
1975	1,887	2,330	105	4,322	3,765	405	4,170
1976	1,951	2,939	104	4,994	4,672	528	5,200
T.Q.	539	878	4	1,421	1,269	132	1,401
1977	2,193	5,053	137	7,383	5,867	475	6,342
1978	2,431	6,386	228	9,045	6,852	504	7,356
1979	2,635	6,841	363	9,839	8,259	555	8,814
1980	2,928	6,932	415	10,275	10,144	593	10,737
1981	3,320	8,747	372	12,439	12,345	883	13,228
1982	3,831	13,323	473	17,627	14,806	754	15,560
1983	4,227	14,238	682	19,147	17,487	824	18,311
1984	4,907	16,811	807	22,525	19,473	899	20,372
1985	5,524	17,898	1,155	24,577	21,808	922	22,730
1986	5,699	18,076	1,228	25,003	25,169	1,049	26,218
1987	6,480	20,299	1,018	27,797	29,937	900	30,837
1988	8,756	25,418	828	35,002	33,682	1,265	34,947
1989	11,548	30,712	1,022	43,282	36,867	1,450	38,317
1990	11,494	33,210	1,434	46,138	41,498	1,524	43,022
1991	11,807	34,730	1,629	48,166	45,514	1,505	47,019

¹For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976 through September 30, 1976 labeled "T.Q." is the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

²The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

³Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

⁴The financial status of the program depends on both the total net assets and the liabilities of the program.

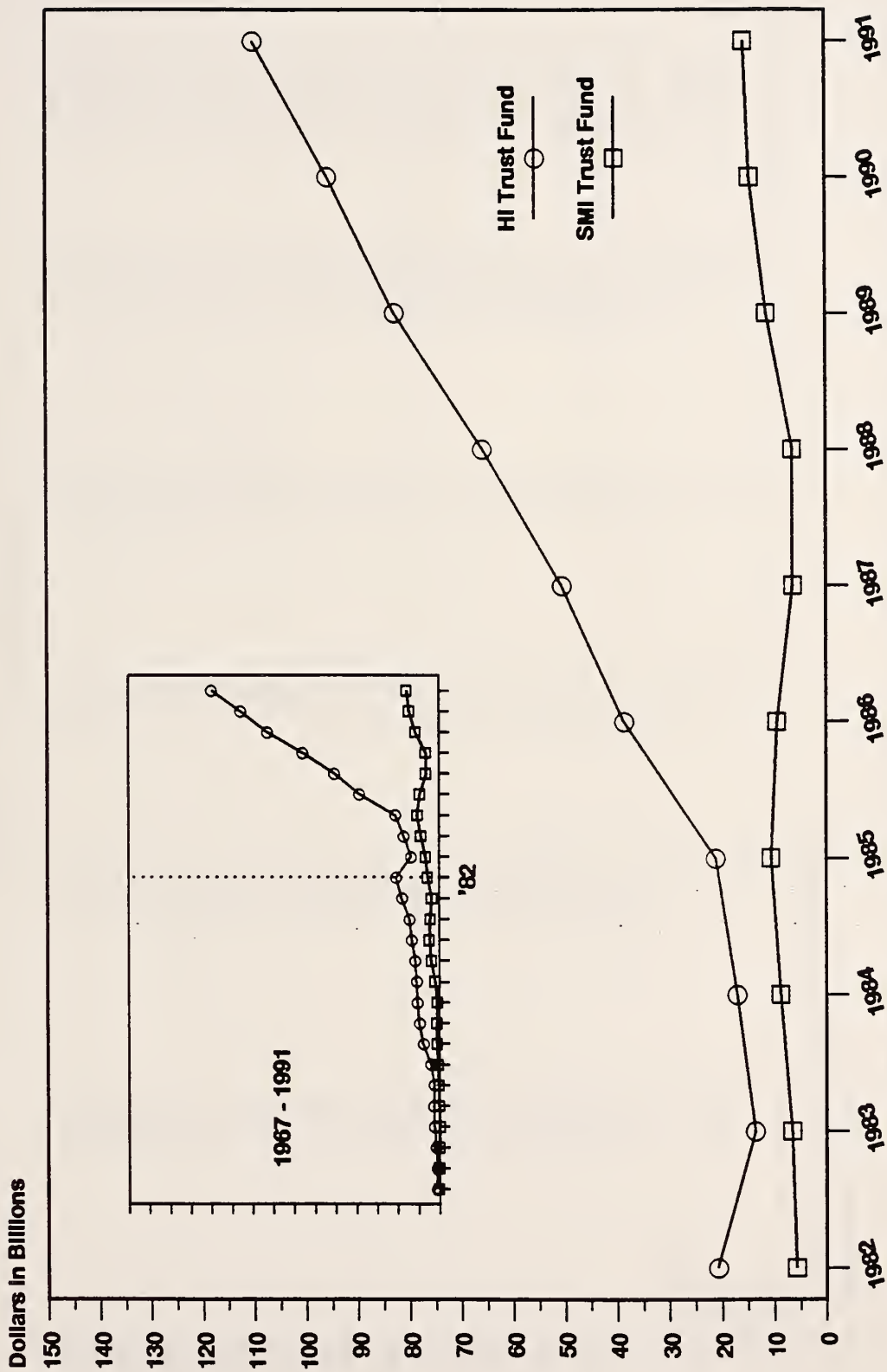
⁵Administrative expenses shown include those paid in fiscal years 1966 and 1967.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1992

Medicare HI & SMI Trust Fund Balances Fiscal Years 1982 - 1991



SOURCE: HCFA / OACT

March 1992

Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions ¹		
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$1,270	\$647	\$647	N/A	\$623	\$623	N/A
1970	1,863	936	936	N/A	927	927	N/A
1971	2,498	1,253	1,253	N/A	1,245	1,245	N/A
1972	2,703	1,340	1,340	N/A	1,363	1,363	N/A
1973	2,857	1,427	1,427	N/A	1,431	1,431	N/A
1974	3,733	1,704	1,579	\$125	2,029	1,577	\$452
1975	4,217	1,887	1,736	151	2,330	1,711	619
1976	4,888	1,951	1,783	168	2,936	2,206	731
T.O.	1,417	539	492	46	878	734	144
1977	7,228	2,193	1,987	206	5,035	4,026	1,009
1978	8,794	2,431	2,186	245	6,363	4,965	1,398
1979	9,463	2,635	2,373	263	6,828	5,459	1,368
1980	9,851	2,928	2,637	291	6,923	5,035	1,322
1981	12,067	3,320	2,988	332	8,747	7,191	1,556
1982	17,154	3,831	3,460	371	13,323	11,208	2,115
1983	18,465	4,227	3,834	393	14,238	11,937	2,301
1984	21,718	4,907	4,463	444	16,811	13,861	2,950
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1986	23,775	5,699	5,200	500	18,076	15,696	2,381
1987	26,778	6,480	5,897	582	20,299	17,579	2,720
1988	34,174	8,756	7,963	793	25,418	22,830	2,588
1989	42,260	211,548	9,487	945	30,712	29,009	1,703
1990	44,704	211,494	10,138	995	33,210	31,107	2,103
1991	46,537	11,807	10,741	1,066	34,730	32,224	2,206
Percent change							
1967-1991	3,564	1,725	1,560	N/A	5,475	5,072	N/A
1974-1991	1,147	593	580	753	1,612	1,943	388
1989-1990	6	0	7	5	8	7	23
1990-1991	4	3	6	7	5	4	5

¹Interest on delayed transfers from general funds is included.²Total includes catastrophic premiums.

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990 the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate. N/A indicates data are not applicable.

SOURCE: HCFA/OACT

March 1992

Medicare/Ratio of SMI Benefit Payments to Premium Income

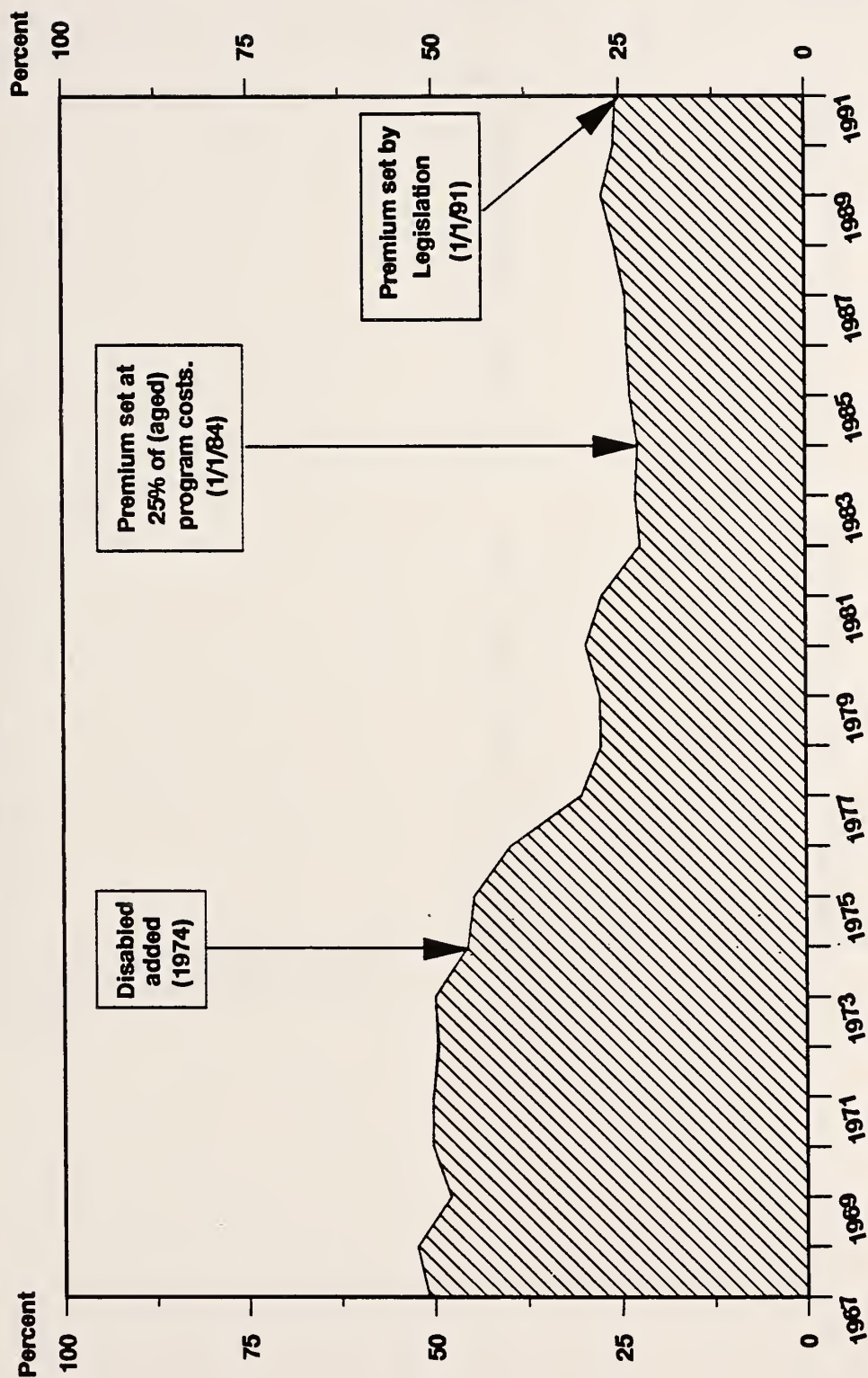
Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions						
1967	\$664	\$664	NA	1.0	1.0	NA
1970	1,979	1,979	NA	2.1	2.1	NA
1971	2,035	2,035	NA	1.6	1.6	NA
1972	2,255	2,255	NA	1.7	1.7	NA
1973	2,391	2,391	NA	1.7	1.7	NA
1974	2,874	2,537	\$337	1.7	1.6	2.7
1975	3,765	3,289	476	2.0	1.9	3.2
1976	4,672	4,037	635	2.4	2.3	3.8
T. Q.	1,269	1,078	191	2.4	2.2	4.2
1977	5,867	5,005	862	2.7	2.5	4.2
1978	6,852	5,785	1,067	2.8	2.6	4.4
1979	8,259	6,929	1,330	3.1	2.9	5.1
1980	10,144	8,485	1,659	3.5	3.2	5.7
1981	12,345	10,362	1,983	3.7	3.5	6.0
1982	14,806	12,404	2,402	3.9	3.6	6.5
1983	17,487	14,783	2,704	4.1	3.9	6.9
1984	19,473	16,803	2,670	4.0	3.8	6.0
1985	21,808	19,080	2,728	3.9	3.8	5.7
1986	25,169	22,070	3,099	4.4	4.2	6.2
1987	29,937	26,353	3,584	4.6	4.5	6.2
1988	33,682	29,797	3,885	3.8	3.7	4.9
1989	36,867	32,748	4,119	3.2	3.5	4.4
1990	41,498	36,838	4,660	3.6	3.6	4.7
1991	44,948	39,700	5,248	3.8	3.7	4.9
Percent change						
1967-1991	6,669	5,879	NA			
1974-1991	1,464	1,465	1,457			
1989-1990	13	12	13			
1990-1991	8	8	13			

NOTES: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." NA indicates data are not applicable.

SOURCE: HCFA/OACT

March 1992

Medicare Premiums as a Percent of Total SMI Trust Fund Income Fiscal Years 1967 - 1991



SOURCE: HCFA / OACT

March 1992

Medicare Administrative Expenses/Trends

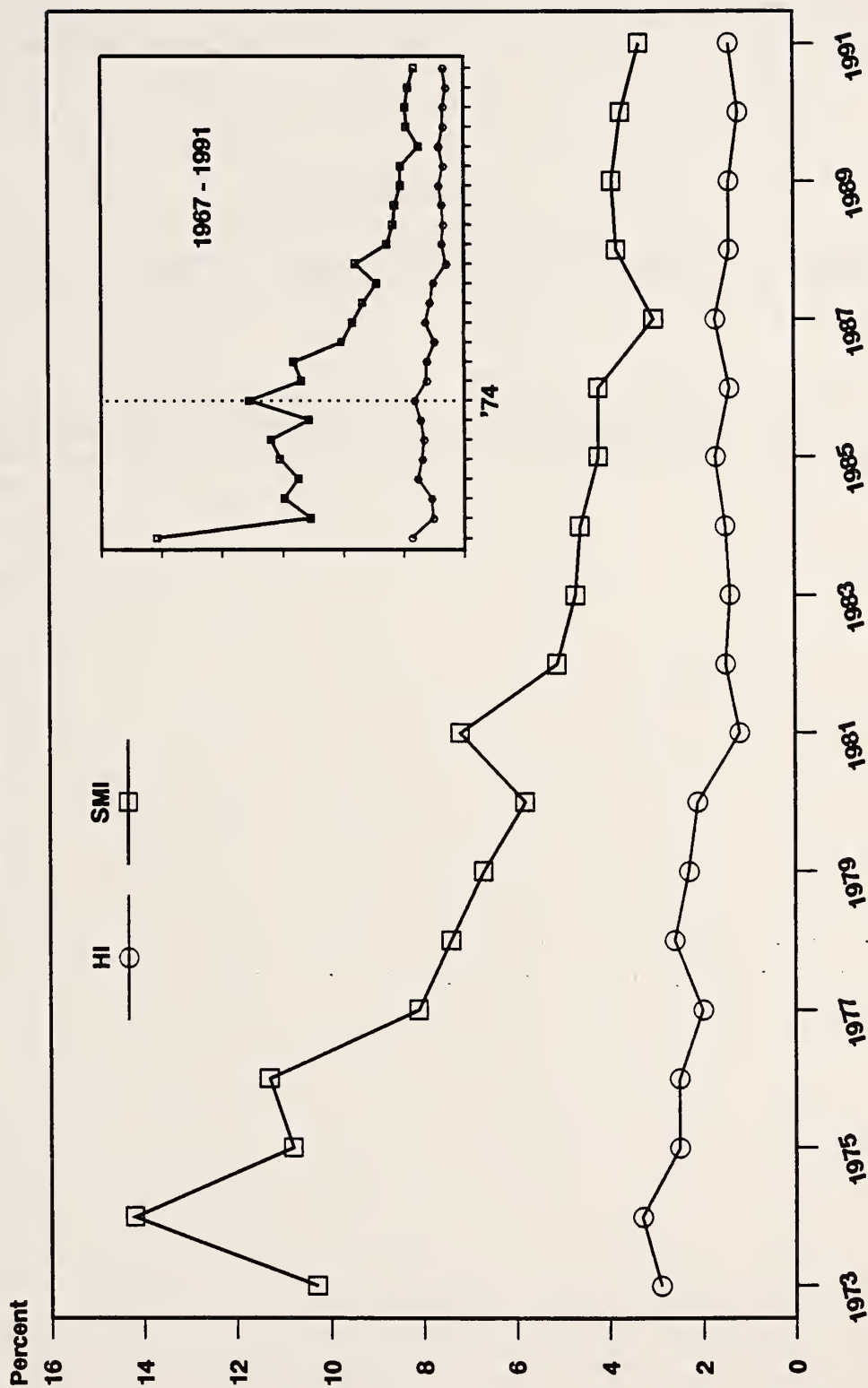
Fiscal Year	Administrative Expenses	
	Amount in millions	Percent of Benefit Payments
HI Trust Fund		
1967	\$89	3.5
1968	79	2.1
1970	149	3.1
1975	259	2.5
1980	497	2.1
1981	353	1.2
1982	521	1.5
1983	522	1.4
1984	633	1.5
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
1990	774	1.2
1991	934	1.4
SMI Trust Fund		
1967	¹ 135	20.3
1968	142	10.2
1970	217	11.0
1975	405	10.8
1980	593	5.8
1981	883	7.2
1982	754	5.1
1983	824	4.7
1984	899	4.6
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,450	3.9
1990	1,524	3.7
1991	1,505	3.3

¹Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: HCFA/OACT

March 1992

Medicare Administrative Expenses Percent of Benefit Payments Fiscal Years 1974 - 1991



SOURCE: HCFA / OACT

March 1992

Medicare/Contractors

	Intermediaries	Carriers
Blue Cross/Blue Shield	41	25
Other	7	8

NOTE: Data as of January 1992.

SOURCE: HCFA/BPO

Medicare/Claims Processing

	Net Unit Cost per Claim				
	1975	1980	1985	1990	1991
Intermediaries ¹	\$3.84	\$2.96	\$2.33	\$1.84	\$1.74
Carriers ²	\$2.90	\$2.33	\$1.88	\$1.56	\$1.50

¹Includes direct costs and overhead costs for Bill Payment, Reconsiderations and Hearings lines.

²Includes direct costs and overhead costs for the Claims Payment line, Reviews and Hearings line, and Beneficiary/Physician Inquiries line.

NOTE: Fiscal year data.

SOURCE: HCFA/BPO

March 1992

Medicare/Intermediary Processing Times
Fiscal Year 1991

	Mean Days	Percent of Clean Non-PIP Claims Paid in 24 Days	Percent of All Claims Paid in 60 Days	Percent of All Claims Paid in 90 Days
All Claims	18.2	99.0	98.2	99.3
Inpatient	18.1	98.9	97.9	99.0
Outpatient	17.9	99.2	98.3	99.4
SNF	21.9	98.1	96.3	98.1
HHA	19.2	97.3	97.9	99.3
Hospice	27.4	92.8	92.1	95.2
CORF	28.4	92.6	91.9	96.3
ESRD	21.8	95.5	96.5	98.5
Laboratory	17.1	99.5	99.2	99.7
Other	19.5	99.0	98.2	99.2

SOURCE: HCFA/BPO

March 1992

Medicare/Carrier Processing Times
Fiscal Year 1991

	Mean Days	Percent of Clean Claims Processed in 17/24 Days ¹	Percent of All Claims Processed in 60 Days	Percent of All Claims Processed in 90 Days
All Claims	16.9	97.0	98.5	99.5
Participating Physician Claims	15.8	96.3	98.8	99.6
All Claims Excluding Participating Physician Claims	18.1	97.6	98.2	99.4
Assigned Non-Participating Physicians	17.2	98.1	98.8	99.6
Durable Medical Equipment	21.2	94.2	96.4	98.8
Laboratory	17.7	98.9	98.3	99.4
Ambulance	18.5	97.7	97.8	99.2
All Other	20.3	96.9	97.1	99.0
Unassigned	17.9	97.3	98.3	99.5

¹Participating physician, 17 days; all other, 24 days.

SOURCE: HCFA/BPO

March 1992

Medicare/Reasonable Charge Reductions

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim
<u>Assigned (HCFA-1490/1500)</u>					
1980	70,937	80.0	\$6,878	22.5	\$21.81
1981 ¹	78,952	82.7	8,546	23.9	25.84
1982 ¹	88,185	83.1	10,633	24.3	29.32
1983	100,087	82.4	13,134	23.8	31.20
1984	118,221	80.3	15,591	24.7	32.62
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
1989	295,666	86.3	41,852	30.9	43.72
1990	329,061	87.6	48,711	32.6	48.22
1991	373,250	86.7	57,547	35.2	54.20
<u>Unassigned (HCFA-1490/1500)</u>					
1980	66,207	83.7	\$6,527	22.3	\$21.96
1981 ¹	71,632	85.7	7,607	23.7	25.13
1982 ¹	78,166	85.6	9,117	24.1	28.10
1983	85,966	² 83.9	10,610	² 23.1	² 28.48
1984	90,866	83.1	11,429	23.6	29.69
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47
1989	74,621	89.2	8,794	25.2	29.67
1990	75,879	90.3	8,702	25.3	28.97
1991	78,450	90.7	8,134	24.0	24.84

¹Excludes data for Texas Blue Shield.

²These data are slightly understated due to underreporting by Equitable.

NOTE: Reasonable charge reduction is the total dollar amount reduced as a result of a reasonable charge determination made by a carrier.

SOURCE: HCFA/BPO

March 1992

Medicare/Reasonable Charge Determination Data for All Claims

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Reasonable Charge Reductions Were Made				
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction		
					Total in thousands	Percent of Covered Charges	Avg. Amount per Approved Claims
1973	54,724	\$3,500,542	28,964	52.9	\$411,064	11.7	\$7.51
1974	62,867	4,139,801	38,236	60.8	545,780	13.2	8.68
1975	75,694	5,324,636	50,738	67.0	863,847	16.2	11.41
1976	86,869	6,432,181	61,673	71.0	1,193,495	18.6	13.74
1977	103,483	8,069,456	72,936	70.5	1,532,910	19.0	14.81
1978	114,912	9,350,700	81,951	71.3	1,798,419	19.2	15.65
1979	127,193	11,036,237	94,311	74.1	2,246,576	20.4	17.66
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1981 ¹	158,914	16,571,764	127,993	80.5	3,867,340	23.3	24.34
1982 ²	175,230	20,280,423	141,833	80.9	4,827,238	23.8	27.55
1983 ³	195,212	24,275,276	156,179	80.0	5,638,767	23.2	28.89
1984	210,948	27,158,840	170,659	80.9	6,567,222	24.2	31.13
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61
1991	451,700	65,680,424	394,615	87.4	22,179,014	33.8	49.10

¹Texas Blue Shield is excluded from all data elements for July-September 1981.

²Texas Blue Shield is excluded from all data elements for October-December 1981.

³These data are slightly understated due to underreporting by Equitable for January-September 1983.

NOTES: Accurate data are not available prior to fiscal year 1973. Also, prior to July 1, 1976, data exclude claims handled by Social Security Administration's Office of Direct Reimbursement.

SOURCE: HCFA/BPO

March 1992

Medicare/Appeals
Fiscal Year 1991

	Intermediary Reconsiderations	Carrier Reviews
Number Processed	34,092	7,396,838
Percent Reversal Rate ¹	47.6	63.6

¹Excludes withdrawals and dismissals.

SOURCE: HCFA/BPO

March 1992

Medicaid Administrative Expenses

	1989 ¹	1990 ¹	1991 ²
Amount in thousands			
Total Payments Computable for Federal Funding	\$2,903,928	\$3,502,382	\$3,852,118
Federal Share of Current Expenditures:			
Family Planning	9,123	9,334	9,891
Design, Development or Installation of MMIS ³	31,019	29,784	35,640
Skilled Professional Medical Personnel	106,803	126,024	133,427
Operation of an Approved MMIS	402,192	410,939	422,146
Other Financial Participation	970,435	1,214,788	1,399,132
Mechanized Systems Not Approved Under MMIS	16,150	19,086	29,670
Total Administration	1,535,722	1,809,955	2,029,906
Net Adjusted Federal Share	41,653,460	2,004,595	NA

¹Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (current expenditures only).

²Source: Form HCFA-251, Medicaid Program Budget Report, State and Local Administration - State Estimates submitted November 1991.

³Medicaid Management Information System.

⁴Includes Federal share of current expenditures from Form HCFA-64.10 plus State reported and HCFA adjustments.

NOTES: Fiscal year data. NA indicates data are not available.

SOURCE: HCFA/MB

March 1992

V. POPULATIONS

Information about persons covered by Medicare and Medicaid.

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons using services. Current and trend data showing demographic and eligibility category distributions are included.

Medicare Enrollment/Coverage

- o About ninety-one percent of the Medicare population is age 65 and over.
- o An estimated 95-99 percent of the total aged population has some type of Medicare coverage.
- o Ninety-four percent of the total Medicare population is covered by both Part A and Part B.
- o Five percent of the total Medicare population has Part A only coverage.
- o Less than 2 percent of the total Medicare population has Part B only coverage.
- o Ninety-six percent of aged persons covered by Medicare Part A are entitled to SSA benefits; less than 3 percent are entitled to Railroad Retirement Board benefits; and less than 2 percent are neither insured by SSA nor RRB.
- o Seventy-nine percent of disabled persons entitled to Medicare are workers; 17 percent are persons disabled in childhood prior to age 22; more than 2 percent are disabled widows or widowers; and 2 percent are entitled because of ESRD only.

	Total	Aged	Disabled
Number in millions			
HI and/or SMI	34.2	30.9	3.3
HI and SMI	32.1	29.2	2.9
HI	33.7	30.5	3.3
SMI	32.6	29.7	2.9

NOTES: Data as of July 1, 1990. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1992

Medicare Enrollees/Trends

	1975	1980	1985	1990	1991	1992	1993
	Numbers in millions						
HI and/or SMI							
Total	25.0	28.5	31.1	34.2	34.8	35.5	36.2
Aged	22.8	25.5	28.2	30.9	31.5	31.9	32.4
Disabled	2.2	3.0	2.9	3.3	3.4	3.5	3.8
HI							
Total	24.6	28.1	30.6	33.7	34.5	35.2	36.0
Aged	22.5	25.1	27.7	30.5	31.1	31.7	32.2
Disabled	2.2	3.0	2.9	3.3	3.4	3.5	3.8
SMI							
Total	23.9	27.4	30.0	32.6	33.2	33.8	34.5
Aged	21.9	24.7	27.3	29.7	30.2	30.6	31.1
Disabled	2.0	2.7	2.7	2.9	3.0	3.2	3.4
HI and SMI	23.6	27.0	29.5	32.1	32.9	33.6	34.2
HI Only	1.1	1.1	1.1	1.6	1.6	1.7	1.7
SMI Only	0.3	0.4	0.5	0.5	0.4	0.4	0.4

NOTES: Data as of July 1. Data for 1991 through 1993 are estimated. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT/BDMS

March 1992

Medicare Enrollment/Demographics
Hospital Insurance and/or Supplementary Medical Insurance

	Total	Male	Female
Number in thousands			
All Persons	34,203	14,459	19,744
Aged Persons	30,948	12,416	18,532
65 - 74	17,647	7,758	9,888
75 - 84	10,016	3,752	6,264
85 and over	3,286	906	2,380
Disabled Persons	3,255	2,043	1,212
Under 45	1,138	733	405
45 - 54	741	467	274
55 - 64	1,376	842	533
White	29,336	12,376	16,960
Non-white	3,826	1,662	2,165
Unknown	1,041	422	620

NOTE: Data as of July 1, 1990.

SOURCE: HCFA/BDMS

March 1992

**Medicare Enrollment/End Stage Renal Disease Demographics
Hospital Insurance and/or Supplementary Medical Insurance**

	Number of Enrollees
All Persons	172,078
Age	
Under 25	7,184
25-44	43,028
45-64	61,386
65 and over	60,480
Sex	
Male	93,475
Female	78,603
Race	
White	103,744
Non-white	62,397
Unknown	5,937

NOTE: Data as of July 1, 1990.

SOURCE: HCFA/BDMS

March 1992

Medicare HI Enrollment/Aging Population

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.4
1986	28,257	100.0	31.9	26.2	19.2	12.3	10.3	73.5
1987	28,822	100.0	31.9	26.0	19.2	12.4	10.5	73.5
1988	29,312	100.0	31.8	25.9	19.3	12.5	10.5	73.5
1989	29,869	100.0	31.8	25.6	19.4	12.6	10.6	73.5
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.6

NOTE: Data as of July 1.

SOURCE: HCFA/BDMS

Medicare HI Enrollment/Demographic Trends

Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race					
		Male			Female		
		Total	White	Non-White	Total	White	Non-White
1966	100.0	42.6	38.6	3.4	57.4	50.8	4.1
1970	100.0	41.8	37.4	3.5	58.2	51.9	4.4
1975	100.0	40.8	36.2	3.6	59.2	52.8	4.7
1980	100.0	40.4	35.7	3.7	59.5	52.9	4.9
1985	100.0	40.3	35.4	3.7	59.7	52.8	5.1
1986	100.0	40.3	35.4	3.7	59.7	52.7	5.2
1987	100.0	40.3	35.4	3.7	59.7	52.6	5.3
1988	100.0	40.3	35.3	3.7	59.7	52.4	5.4
1989	100.0	40.3	35.3	3.8	59.7	52.3	5.6
1990	100.0	40.3	35.2	3.9	59.7	52.1	5.8

NOTES: Data as of July 1. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1992

Medicare/State Buy-Ins for SMI

Type of Beneficiary ¹	1987	1988	1989	1990
All Persons				
Number	2,848,743	2,883,619	3,046,017	3,364,552
Percent of SMI Enrolled	9.2	9.1	9.5	10.3
Aged				
Number	2,249,800	2,246,661	2,345,426	2,556,268
Percent of SMI Enrolled	7.9	7.8	8.0	8.6
Disabled				
Number	598,943	636,958	700,591	808,284
Percent of SMI Enrolled	21.5	22.5	24.3	27.5

¹Recipients for whom the State paid Medicare SMI premium for month of July.

SOURCE: HCFA/BPO

March 1992

Medicaid Recipients/Trends

	1975	1980	1985	1990	1991	1992	1993
Number in millions							
Total	22.0	21.6	21.8	25.3	27.7	30.1	31.5
Aged	3.6	3.4	3.1	3.2	3.4	3.5	3.6
Blind	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.4	2.8	2.9	3.6	3.9	4.1	4.4
AFDC-Children	9.6	9.3	9.8	11.2	12.6	14.0	14.7
AFDC-Adults	4.5	4.9	5.5	6.0	6.4	6.9	7.1
Other Title XIX	1.8	1.5	1.2	1.0	1.6	1.8	1.9
QMB Adjustments ¹	—	—	—	—	0.3	0.3	0.4

¹QMB (Qualified Medicare Beneficiaries) adjustments are an actuarial adjustment made to reflect QMBs not included in the categories above.

NOTES: Fiscal year data. Recipient categories do not add to total due to the small number of recipients that are in more than one category during the year.

SOURCE: Data for fiscal years 1975-1990 are historical and reflect actual statistical data from HCFA/BDMS as reported by States. Projections for fiscal years 1991-1993 are based on State estimates from OACT/OMMCE.

Medicaid Recipients/Demographics/Trends

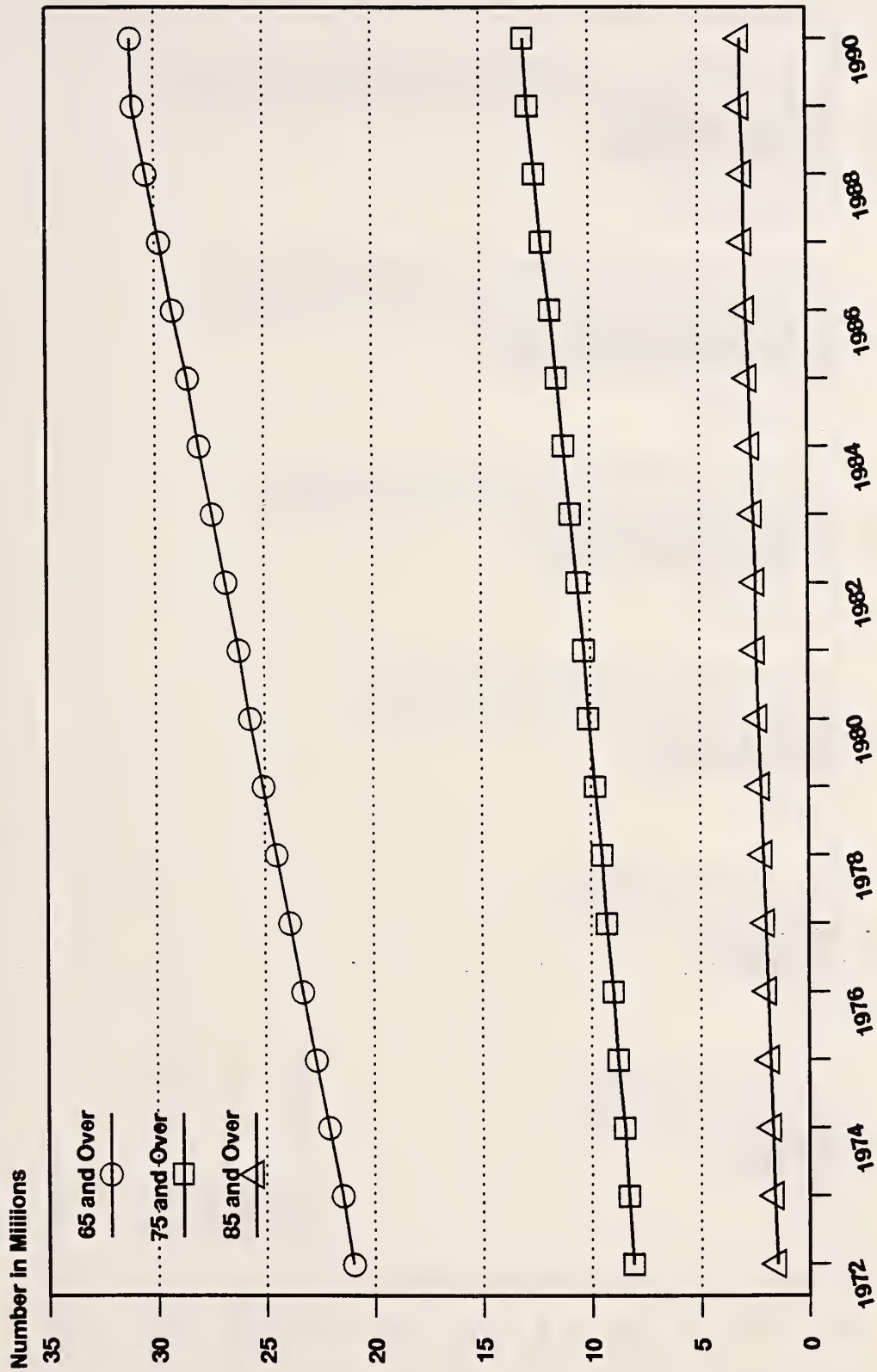
	1987	1988	1989	1990
All Recipients in thousands	23,109	22,907	23,511	25,255
Percent Distribution				
Age	100.0	100.0	100.0	100.0
Under 21	50.5	47.6	50.5	46.4
21 - 64	33.5	30.4	33.8	29.1
65 and over	16.0	16.0	15.7	13.9
Unknown	0.0	6.0	0.1	10.6
Sex	100.0	100.0	100.0	100.0
Male	36.6	33.8	35.9	31.9
Female	63.4	60.3	64.1	57.3
Unknown	0.0	5.9	0.0	10.8
Race	100.0	100.0	100.0	100.0
White	53.3	45.3	52.3	42.8
Black	26.8	26.5	29.2	25.1
American Indian/Alaskan Native	1.0	1.0	1.0	1.0
Asian/Pacific Islander	2.2	1.8	1.9	2.0
Hispanic	16.1	13.7	15.6	15.2
Unknown	0.5	11.6	0.0	14.0

NOTES: Fiscal year data. For fiscal years 1987 and 1989, data for "unknowns" are distributed within the various categories. For fiscal years 1988 and 1990, the actual data are shown for the "unknown" category. The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1992

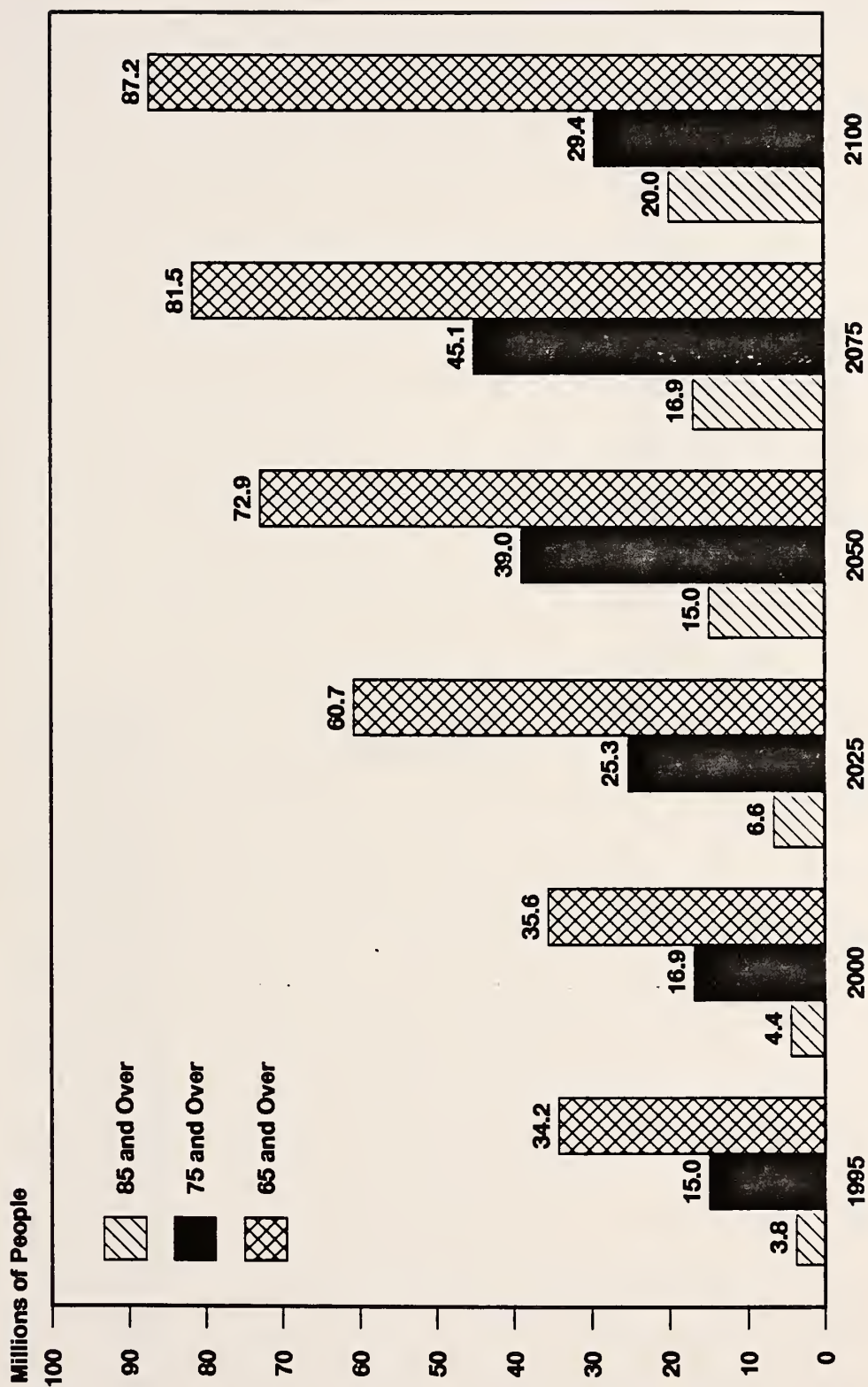
Aged Population of the United States July 1, 1972 - 1990



SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

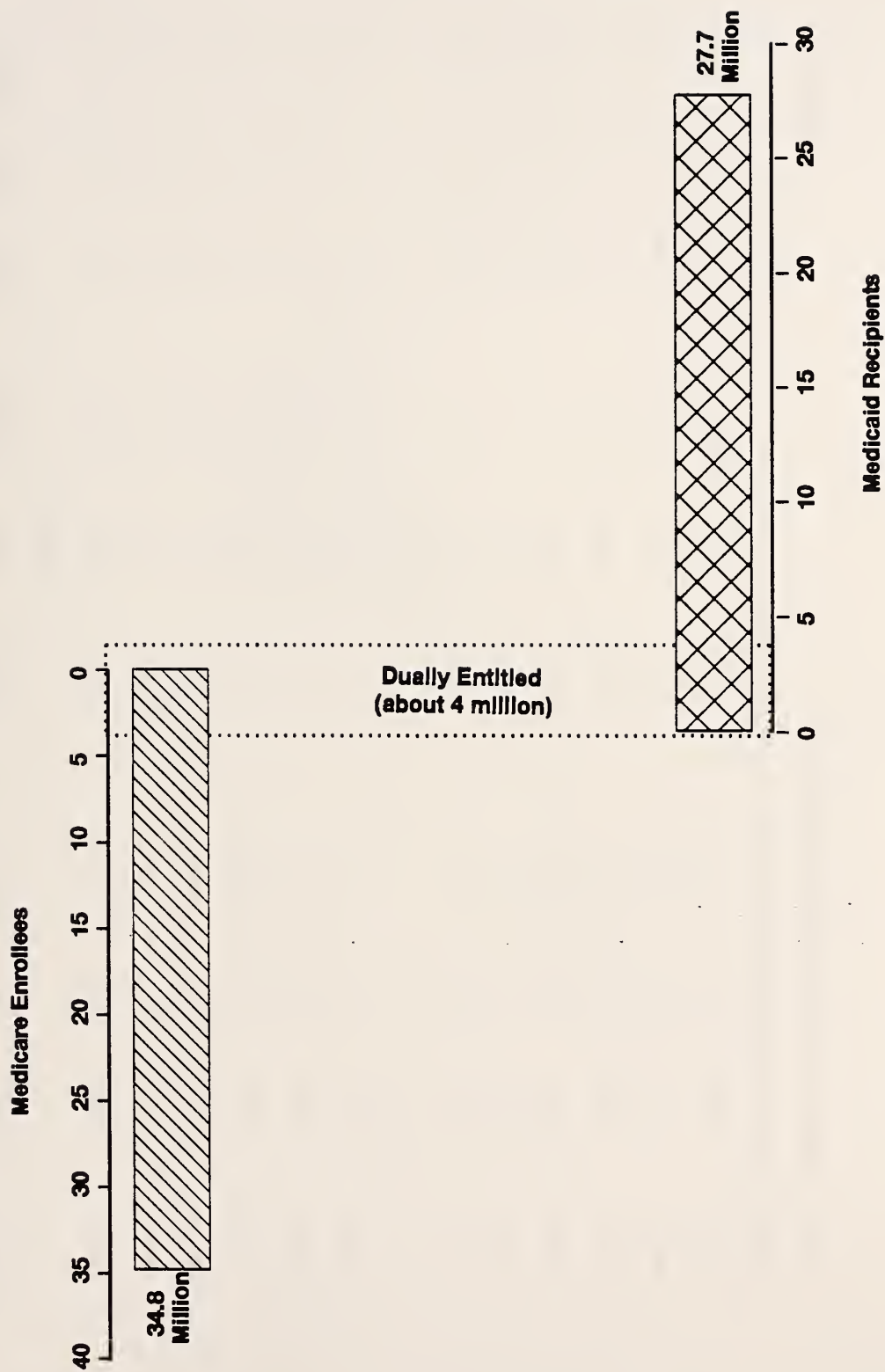
Projected Growth of the Social Security Aged Population by Selected Calendar Years



SOURCE: SSA / OACT

March 1992

HCFA Programs Covered 58 Million People in 1991



SOURCE: HCFA / BDMS

March 1992

Calendar Year	All Races			White			Black		
	Both Sexes	Men	Women	Both Sexes	At Birth		Both Sexes	At Age 65	
					Men	Women		Men	Women
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.2	78.2	75.3	71.9	78.7	69.5	65.3	73.5
1987	75.0	71.5	78.4	75.6	72.2	78.9	69.4	65.2	73.6
1988	74.9	71.5	78.3	75.6	72.3	78.9	69.2	64.9	73.4
1989	75.2	71.8	78.5	75.9	72.6	79.1	69.7	65.2	74.0
1950	13.9	12.8	15.0	—	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.7	14.6	18.6	16.8	14.6	18.7	15.3	13.3	17.0
1987	16.9	14.8	18.7	17.0	14.9	18.8	15.4	13.5	17.1
1988	16.9	14.9	18.6	17.0	14.9	18.7	15.4	13.4	16.9
1989	17.2	15.2	18.8	17.3	15.2	18.9	15.8	13.8	17.4

NOTE: 1989 data are provisional and include deaths of nonresidents of the United States.

SOURCE: Public Health Service, Health United States, 1990.

March 1992

Life Expectancy at Age 65/Trends

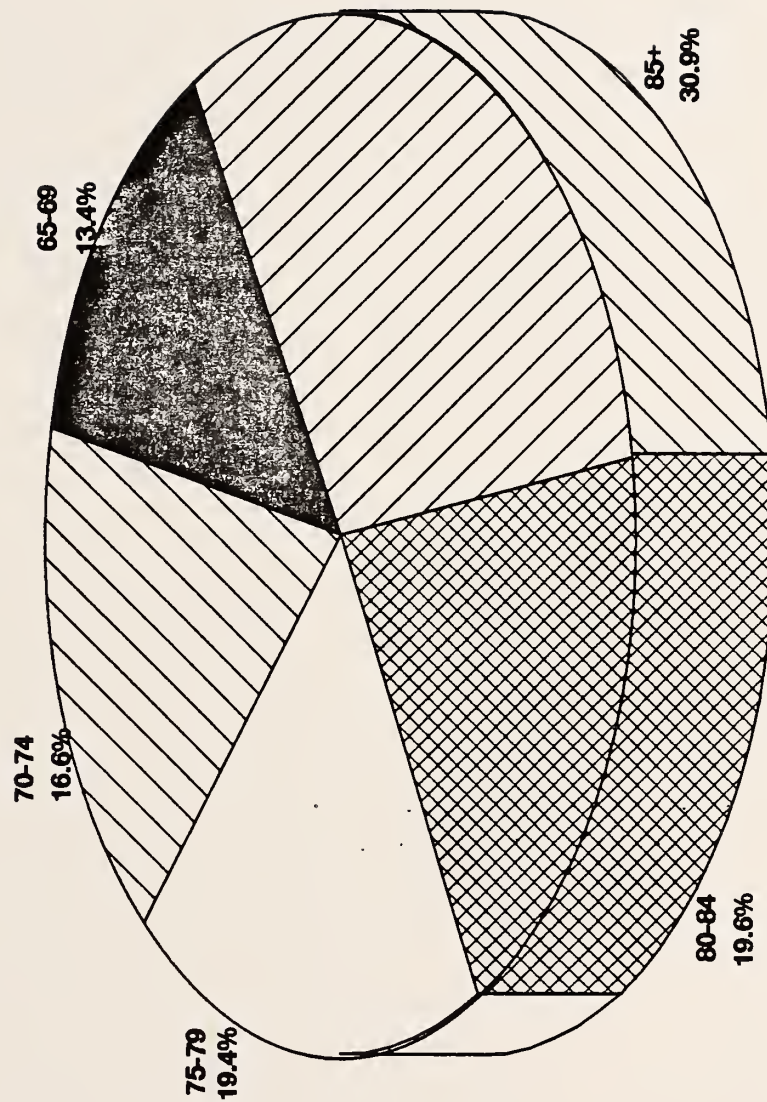
Calendar Year	Male	Female
Number in years		
1965	12.92	16.34
1980	14.04	18.36
1983	14.31	18.64
1984	14.41	18.66
1985	14.39	18.62
1986	14.53	18.68
1987	14.86	18.73
1988	14.93	18.81
1989	15.00	18.89
1990	15.07	18.98
1991	15.35	19.03
1992 (est.)	15.42	19.11

SOURCE: SSA/OACT

March 1992

Deaths of Medicare Aged Enrollees During Calendar Year 1990

Percent of Total Deaths by Age Group



SOURCE: HCFA / BDMS

March 1992

VI. INCOME

Information concerning household income and poverty status of the general, Medicare and Medicaid populations.

Economic Profile of Households, Families and Noninstitutionalized Persons, 1990

- o The mean Medicare outlay for the aged noninstitutionalized enrollee is \$3,178 and \$3,713 for the blind and disabled.
- o The mean Medicaid outlay for the aged noninstitutionalized beneficiary is \$1,984 and \$3,720 for the blind and disabled.
- o In 1990, the median household income declined by 1.7 percent from \$30,468 to \$29,943.
- o The number of persons below the official government poverty level was 33.6 million in 1990 with a poverty rate of 13.5 percent of the Nation's population.
- o In 1990, the poverty rate of 20.6 percent for all children under 18 years of age was higher than the poverty rate of 12.2 percent for the aged.
- o Families with an aged householder experienced a 3.0 percent increase in income between 1989 and 1990.
- o 2.5 percent of the aged had no health insurance coverage.

Number and Percent of Persons in the General
Population Living Below Poverty Level

Calendar Year	Persons in millions	Percent of General Population
1959	39.5	22.4
1966	28.5	14.7
1970	25.4	12.6
1978	24.5	11.4
1979	26.1	11.7
1980	29.3	13.0
1981	31.8	14.0
1982	34.4	15.0
1983	35.3	15.2
1984	33.7	14.4
1985	33.1	14.0
1986	32.4	13.6
1987	32.2	13.4
1988	31.7	13.0
1989	31.5	12.8
1990	33.6	13.5

NOTES: The official Consumer Price Index (CPI-U) time series is based on the old methodology prior to 1983 and on the revised methodology for the years 1983 to the present. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from data in other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Number and Percent of Elderly Living Below Poverty Level

Calendar Year	Persons		Poverty Level	
	Number in millions	Percent of Total Elderly	Single Person	Two Persons
Amount in dollars				
1959	5.5	35.2	\$1,397	\$1,761
1966	5.1	28.5	1,565	1,970
1970	4.8	24.6	1,861	2,348
1978	3.2	14.0	3,127	3,944
1979	3.7	15.2	3,479	4,390
1980	3.9	15.7	3,949	4,983
1981	3.9	15.3	4,359	5,498
1982	3.8	14.6	4,626	5,836
1983	3.6	13.8	4,775	6,023
1984	3.3	12.4	4,979	6,282
1985	3.5	12.6	5,156	6,503
1986	3.5	12.4	5,255	6,630
1987	3.6	12.5	5,447	6,872
1988	3.5	12.0	5,674	7,158
1989	3.4	11.4	5,947	7,501
1990	3.7	12.2	6,268	7,905

NOTES: Income estimates beginning 1987 are based on revised methodology. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Number and Percent of Persons and Families with Female Heads
Living Below Poverty Level

Calendar Year	Persons		Families	
	Number in millions	Percent	Number in millions	Percent
1959	7.0	49.4	1.9	42.6
1966	6.9	39.8	1.7	33.1
1970	7.5	38.1	2.0	32.5
1978	9.3	35.6	2.7	31.4
1979	9.4	34.9	2.6	30.4
1980	10.1	36.7	3.0	32.7
1981	11.1	38.7	3.3	34.6
1982	11.7	40.6	3.4	36.3
1983	12.1	40.2	3.6	36.0
1984	11.8	38.4	3.5	34.5
1985	11.6	37.6	3.5	34.0
1986	11.9	38.3	3.6	34.6
1987	12.1	38.1	3.7	34.2
1988	12.0	37.2	3.6	33.4
1989	11.7	35.9	3.5	32.2
1990	12.6	37.2	3.8	33.4

NOTES: Beginning in 1987, income estimates used for determining persons and families below the poverty level are based on revised methodology. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Year	Under 18 years						Over 18 Years					
	All Persons			Related Children in Families			18 to 64 years			65 years and over		
	Below Poverty			Below Poverty			Below Poverty			Below Poverty		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
1990	65,049	13,431	20.6	63,908	12,715	19.9	153,502	16,496	10.7	30,093	3,658	12.2
1989	64,144	12,590	19.6	63,225	12,001	19.0	152,282	15,575	10.2	29,566	3,369	11.4
1988r	63,747	12,455	19.5	62,906	11,935	19.0	150,761	15,809	10.5	29,022	3,481	12.0
1987r	63,294	12,843	20.3	62,423	12,275	19.7	149,201	15,815	10.6	28,487	3,563	12.5
1986	62,948	12,876	20.5	62,009	12,257	19.8	147,631	16,017	10.8	27,975	3,477	12.4
1985	62,876	13,010	20.7	62,019	12,483	20.1	146,396	16,598	11.3	27,322	3,456	12.6
1984	62,447	13,420	21.5	61,681	12,929	21.0	144,551	16,952	11.7	26,818	3,330	12.4
1983	62,334	13,911	22.3	61,578	13,427	21.8	143,052	17,767	12.4	26,313	3,625	13.8
1982	62,345	13,647	21.9	61,565	13,139	21.3	141,328	17,000	12.0	25,738	3,751	14.6
1981	62,449	12,505	20.0	61,756	12,068	19.5	139,477	15,464	11.1	25,231	3,853	15.3
1980	62,914	11,543	18.3	62,168	11,114	17.9	137,428	13,858	10.1	24,686	3,871	15.7

NOTES: Data are in thousands. Revised data for years 1987 and 1988 are indicated by an "r" following the year. Data for "Persons" are as of March of the following year. The All Persons category includes all races.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Households with Noncash Benefits by Age, 1990

	All Households	Under 65 Years	65 Years and over	Mean Age
Total Households	94,312	73,785	20,527	48.2
Households with One or More Members Receiving Means-Tested Noncash Benefits	16,098	12,706	3,392	46.3
Percent of Households with: Means-Tested Noncash Benefits				
Food Stamps	7.6	8.3	4.9	42.4
Free or Reduced Price School Lunches	6.6	8.2	1.0	38.2
Public or Subsidized Renter of Occupied Housing	4.6	4.0	6.7	48.9
Medicaid	10.9	11.0	10.8	46.4
Total Households in Poverty	12,227	9,203	3,024	47.3
Households with One or More Members Receiving Means-Tested Noncash Benefits	7,671	6,194	1,477	44.6
Percent of Households with: Means-Tested Noncash Benefits				
Food Stamps	42.5	48.9	23.1	41.6
Free or Reduced Price School Lunches	26.1	33.5	3.6	37.2
Public or Subsidized Renter of Occupied Housing	21.6	21.6	21.4	45.6
Medicaid	45.9	49.8	33.9	43.5

NOTES: Data for total households are shown in thousands. Noncash benefits are benefits received in a form other than money which enhances the economic well-being of the recipient.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Mean Medicare Outlays per Enrollee by State and Risk Class, 1990

	Risk Class			Risk Class	
	Age 65 and over	Blind and Disabled		Age 65 and over	Blind and Disabled
United States	\$3,178	\$3,713			
Alabama	2,406	2,522	Missouri	2,978	2,996
Alaska	3,226	3,815	Montana	2,598	2,334
Arizona	2,969	3,247	Nebraska	2,202	2,827
Arkansas	2,716	2,393	Nevada	3,022	3,114
California	3,428	4,349	New Hampshire	2,367	2,886
Colorado	2,437	2,844	New Jersey	3,293	3,890
Connecticut	3,040	3,802	New Mexico	2,418	3,018
Delaware	2,973	2,877	New York	3,577	3,900
District of Columbia	5,142	6,809	North Carolina	2,435	2,791
Florida	3,203	3,647	North Dakota	2,766	2,328
Georgia	2,969	3,300	Ohio	3,207	3,258
Hawaii	1,941	3,701	Oklahoma	2,893	3,044
Idaho	2,444	2,291	Oregon	2,096	2,684
Illinois	3,194	3,794	Pennsylvania	3,576	4,083
Indiana	2,706	2,974	Rhode Island	2,370	2,514
Iowa	2,482	2,889	South Carolina	2,100	2,571
Kansas	2,604	3,017	South Dakota	2,329	2,490
Kentucky	2,927	2,610	Tennessee	2,956	3,055
Louisiana	3,503	3,391	Texas	3,053	3,815
Maine	2,739	2,438	Utah	2,510	3,173
Maryland	3,776	4,650	Vermont	2,438	2,564
Massachusetts	3,267	3,379	Virginia	2,836	3,455
Michigan	3,546	3,421	Washington	2,674	3,029
Minnesota	1,912	2,749	West Virginia	2,646	2,163
Mississippi	2,792	2,808	Wisconsin	2,683	2,679
			Wyoming	2,771	3,158

NOTES: Medicare payments per enrollee for 1990 were estimated by applying factors to actual data for 1989. The factors were based on benefit per enrollee data published in the 1990 Green Book (Committee on Ways and Means, U.S. House of Representatives).

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Mean Medicaid Outlays Per Beneficiary by State and Risk Class, 1990

	Age 65 and over	Blind and disabled		Age 65 and over	Blind and disabled
United States	\$1,984	\$3,720			
Alabama	1,000	1,802	Missouri	1,533	2,353
Alaska	1,886	5,458	Montana	2,054	4,020
Arizona	1,984	3,720	Nebraska	1,724	5,082
Arkansas	1,349	2,151	Nevada	1,280	2,250
California	1,120	3,012	New Hampshire	3,482	13,838
Colorado	1,094	4,887	New Jersey	2,955	6,523
Connecticut	3,011	6,532	New Mexico	1,153	3,151
Delaware	1,965	4,085	New York	5,949	6,609
District of Columbia	1,875	3,400	North Carolina	2,261	3,546
Florida	2,423	3,126	North Dakota	2,092	6,557
Georgia	1,758	4,566	Ohio	1,543	4,125
Hawaii	1,061	2,325	Oklahoma	1,523	2,327
Idaho	2,033	4,892	Oregon	2,874	4,847
Illinois	1,648	3,676	Pennsylvania	1,170	2,587
Indiana	1,677	4,751	Rhode Island	2,661	3,904
Iowa	1,544	3,326	South Carolina	1,307	2,452
Kansas	1,219	3,346	South Dakota	1,217	4,025
Kentucky	1,355	3,086	Tennessee	849	2,400
Louisiana	1,278	2,871	Texas	1,623	2,488
Maine	1,847	4,493	Utah	1,191	3,936
Maryland	2,355	5,653	Vermont	1,692	5,185
Massachusetts	2,573	5,979	Virginia	1,850	3,114
Michigan	1,736	4,669	Washington	1,434	3,601
Minnesota	1,940	5,607	West Virginia	1,293	2,101
Mississippi	999	1,813	Wisconsin	1,757	3,502
			Wyoming	1,277	3,466

NOTES: Medicaid data come from HCFA unpublished records. These data exclude institutionalized persons.

SOURCES: HCFA and U.S. Department of Commerce, Bureau of the Census

March 1992

Comparison of Income Summary Measures Between 1990 and 1989 by Selected Characteristics

	1990		1989 Median Income	Percent Change in Real Income
	Number in thousands	Median Income		
<u>Households</u>				
All Households	94,312	\$29,943	\$30,468	*-1.7
Region:				
Northeast	19,271	32,676	34,407	*-5.0
Midwest	23,223	29,897	30,303	-1.3
South	32,312	26,942	27,268	-1.2
West	19,506	31,761	32,766	*-3.1
Residence:				
Inside Metropolitan Areas	73,135	31,823	32,806	*-3.0
1 million or more	46,601	33,826	34,955	*-3.2
Inside Central Cities	18,388	26,732	27,456	*-2.6
Outside Central Cities	28,213	38,831	40,591	*-4.3
Under 1 million	26,534	28,579	29,331	*-2.6
Inside Central Cities	11,509	24,900	26,351	*-5.5
Outside Central Cities	15,025	31,395	32,087	*-2.2
Outside Metropolitan Areas	21,177	23,709	23,628	0.3
<u>Families</u>				
All Families	66,322	35,353	36,062	*-2.0
Race and Hispanic Origin of Householder:				
White	56,803	36,915	37,919	*-2.6
Black	7,471	21,423	21,301	0.6
Hispanic¹	4,981	23,431	24,713	*-5.2
Type of Family:				
All Races:				
Married-Couple Families	52,147	39,895	40,630	*-1.8
Female Householder, No Husband Present	11,268	16,932	17,330	-2.3
White:				
Married-Couple Families	47,014	40,331	41,326	*-2.4
Female Householder, No Husband Present	7,512	19,528	19,970	-2.2
Black:				
Married-Couple Families	3,569	33,784	32,306	*4.6
Female Householder, No Husband Present	3,430	12,125	12,258	-1.1
Hispanic origin¹:				
Married-Couple Families	3,454	27,996	28,862	-3.0
Female Householder, No Husband Present	1,186	11,914	12,380	-3.8
Age of Householder:				
15 to 24 years	2,726	16,219	17,986	*-9.8
25 to 34 years	14,590	31,497	32,541	*-3.2
35 to 44 years	17,078	41,061	42,374	*-3.1
45 to 54 years	11,701	47,165	48,592	*-2.9
55 to 64 years	9,326	39,035	39,677	-1.6
65 years and over	10,900	25,049	24,330	*3.0
<u>Earnings of Year-Round, Full Time Workers</u>				
Male	48,351	27,866	28,912	*-3.6
Female	31,607	19,816	19,793	0.1
<u>Per Capita Income</u>				
All Races	NA	14,387	14,815	*-2.9
White	NA	15,265	15,701	*-2.8
Black	NA	9,821	9,220	*6.5
Hispanic Origin¹	NA	8,424	8,843	*-4.7

¹Persons of Hispanic origin may be of any race.

NOTES: Data for households, families, and persons are as of March 1991. An asterisk indicates a statistically significant change at the 90-percent confidence level. A dash represents zero or data rounds to zero. NA means not applicable. 1989 median income is in 1990 dollars.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Median Income of Aged, by Type of Households, 1990

Type of Household and Median Income	Total	65 years and over		
		65 to 69 years	70 to 74 years	75 years and over
All Households	20,527	6,365	5,636	8,526
Median Income	\$16,855	\$22,314	\$17,875	\$13,150
Family Households	10,900	4,245	3,128	3,527
Median Income	\$25,105	\$28,656	\$25,392	\$20,495
Married-couple	9,036	3,663	2,636	2,737
Median Income	\$25,495	\$29,138	\$25,639	\$20,635
Male Householder ¹	377	118	115	143
Median Income	\$24,903	\$26,203	\$23,784	\$25,873
Female Householder ¹	1,488	464	377	647
Median Income	\$22,175	\$25,835	\$24,268	\$19,535

¹ With no spouse present in the household. Totals do not necessarily equal the sum of rounded components.

NOTES: Numbers are in thousands. Data are as of March 1991.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Median Income of Aged Householders, by Race and Hispanic Origin, 1990

Race and Hispanic Origin	Total	65 years and over		
		65 to 69 years	70 to 74 years	75 years and over
All Races ¹	20,527	6,365	5,636	8,526
Median Income	\$16,855	\$22,314	\$17,875	\$13,150
White	18,431	5,638	5,025	7,768
Median Income	\$17,539	\$23,379	\$18,534	\$13,714
Black	1,789	606	512	671
Median Income	\$9,902	\$12,431	\$11,415	\$7,831
Hispanic Origin ²	653	260	174	220
Median Income	\$12,686	\$15,253	\$11,946	\$9,850

¹ The total for "All Races" includes data for "Other Races" not displayed separately.

² Persons of "Hispanic" origin may be of any race and are also included in "All Races" and "Black" or "White" categories.

NOTES: Numbers are in thousands. Data are as of March 1991.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Number of Aged Households
by Total Money Income by Age Group, 1990

Income	65 years and over	65 to 69 years	70 to 74 years	75 years and over
	20,527	6,365	5,636	8,526
Less than \$5,000	1,353	285	328	740
\$5,000 - \$9,999	4,388	876	1,085	2,427
\$10,000 - \$14,999	3,481	887	983	1,610
\$15,000 - \$19,999	2,592	768	704	1,120
\$20,000 - \$24,999	2,037	712	622	703
\$25,000 - \$29,999	1,463	583	392	487
\$30,000 - \$34,999	1,175	436	375	364
\$35,000 - \$39,999	850	400	206	244
\$40,000 - \$44,999	591	251	191	148
\$45,000 - \$49,999	508	234	149	125
\$50,000 - \$54,999	347	165	82	100
\$55,000 - \$59,999	276	102	86	88
\$60,000 - \$64,999	210	88	60	63
\$65,000 - \$69,999	215	104	67	43
\$70,000 - \$74,999	130	49	46	35
\$75,000 - \$79,999	117	58	31	28
\$80,000 - \$84,999	130	58	32	41
\$85,000 - \$89,999	81	39	27	15
\$90,000 - \$94,999	84	44	25	15
\$95,000 - \$99,999	60	33	20	7
\$100,000 and over	440	194	123	123

NOTES: Data for number of households are in thousands. Data are as of March 1991. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Number of Aged Households
by Total Money Income of Aged by Type of Household, 1990

Income	Type of Household		
	Married-Couple	Male Householder ¹	Female Householder ¹
	9,036	377	1,488
Less than \$5,000	148	8	56
\$5,000 - \$9,999	607	38	182
\$10,000 - \$14,999	1,234	50	209
\$15,000 - \$19,999	1,260	53	221
\$20,000 - \$24,999	1,167	40	153
\$25,000 - \$29,999	935	24	132
\$30,000 - \$34,999	760	39	126
\$35,000 - \$39,999	598	25	93
\$40,000 - \$44,999	390	19	67
\$45,000 - \$49,999	381	19	39
\$50,000 - \$54,999	255	5	39
\$55,000 - \$59,999	179	10	37
\$60,000 - \$64,999	158	6	25
\$65,000 - \$69,999	153	11	28
\$70,000 - \$74,999	82	7	22
\$75,000 - \$79,999	85	5	15
\$80,000 - \$84,999	105	2	10
\$85,000 - \$89,999	62	—	8
\$90,000 - \$94,999	69	—	—
\$95,000 - \$99,999	44	3	6
\$100,000 and over	365	14	18

¹ With no spouse present in the household.

NOTES: Numbers are in thousands. Data are as of March 1991. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Distribution of Health Insurance Coverage of Aged, by Sex, 1990

Sex, Age and Type of Household	Total	Total Covered	Private Health Insurance	Government Health Insurance			
				Medicare	Medicaid	CHAMPUS, VA, or Military Health Care	Not Covered
All Income Levels							
Both Sexes							
65 and over	30,093	29,816	20,566	28,795	2,582	1,151	276
65 to 74	18,238	18,037	13,110	17,171	1,373	881	201
75 years and over	11,855	11,780	7,456	11,624	1,209	270	75
Male							
65 and over	12,547	12,435	8,778	11,876	857	709	112
65 to 74	8,156	8,069	5,921	7,585	493	548	87
75 years and over	4,391	4,366	2,857	4,291	364	161	25
Female							
65 and over	17,546	17,381	11,788	16,919	1,724	442	165
65 to 74	10,081	9,967	7,189	9,586	880	334	114
75 years and over	7,464	7,414	4,599	7,333	845	109	50
In Families							
Householder	10,900	10,835	7,868	10,371	668	535	64
Female Householder ¹	1,488	1,466	776	1,429	209	15	22
Married-Couple							
Husbands	9,166	9,126	6,988	8,716	413	494	40
Wives	6,852	6,823	5,335	6,577	291	314	29
Below Poverty Level							
Both Sexes							
65 and over	3,658	3,568	1,194	3,500	1,112	106	90
65 to 74	1,765	1,694	519	1,645	579	70	70
75 years and over	1,893	1,873	674	1,855	533	36	20
Male							
65 and over	959	922	213	890	305	69	37
65 to 74	524	492	93	467	178	53	33
75 years and over	434	430	120	423	127	15	4
Female							
65 and over	2,699	2,646	980	2,610	807	38	53
65 to 74	1,240	1,203	426	1,178	401	17	38
75 years and over	1,459	1,443	554	1,432	406	21	15
In Families							
Householder	686	671	156	658	192	40	14
Female Householder ¹	198	194	42	193	64	—	4
Married- Couple							
Husbands	471	463	115	447	114	35	8
Wives	337	327	96	314	66	23	11

¹ With no spouse present in the household.

NOTES: Data for aged health insurance coverage is by level of poverty. Numbers are in thousands. Data are as of March 1991 and refer to persons 65 years and over. "Total Covered" indicates some form of health insurance during all or part of the year. "Not Covered" means no health insurance at any time during the year. CHAMPUS is Civilian Health and Medical Program of the Uniformed Services. VA is Veterans Administration. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

Distribution of Health Insurance Coverage of Aged, by Sex, 1990

Sex and Age	Total	Total Covered	Private Health Insurance	Government Health Insurance			Not Covered
				Medicare	Medicaid	CHAMPUS, VA, or Military Health Care	
All Income Levels				Percent distribution			
Both Sexes							
65 and over	100.0	99.1	68.3	95.7	8.6	3.8	0.9
65 to 74	100.0	98.9	71.9	94.2	7.5	4.8	1.1
75 years and over	100.0	99.4	62.9	98.1	10.2	2.3	0.6
Male							
65 and over	100.0	99.1	70.0	94.7	6.8	5.7	0.9
65 to 74	100.0	98.9	72.6	93.0	6.0	6.7	1.1
75 years and over	100.0	99.4	65.1	97.7	8.3	3.7	0.6
Female							
65 and over	100.0	99.1	67.2	96.4	9.8	2.5	0.9
65 to 74	100.0	98.9	71.3	95.1	8.7	3.3	1.1
75 years and over	100.0	99.3	61.6	98.2	11.3	1.5	0.7
Below Poverty Level				Percent distribution			
Both Sexes							
65 and over	100.0	97.5	32.6	95.7	30.4	2.9	2.5
65 to 74	100.0	96.0	29.4	93.2	32.8	4.0	4.0
75 years and over	100.0	99.0	35.6	98.0	28.2	1.9	1.0
Male							
65 and over	100.0	96.2	22.2	92.8	31.8	7.2	3.8
65 to 74	100.0	93.8	17.8	89.0	34.0	10.1	6.2
75 years and over	100.0	99.1	27.6	97.4	29.2	3.6	0.9
Female							
65 and over	100.0	98.0	36.3	96.7	29.9	1.4	2.0
65 to 74	100.0	97.0	34.3	95.0	32.3	1.4	3.0
75 years and over	100.0	98.9	38.0	98.2	27.8	1.4	1.1

NOTE: Data are as of March 1991.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1992

VII. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., admissions, discharges, days of care; and (3) dimensions of the services rendered, e.g., average length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

Medicare/Short-Stay Hospital Utilization

	1983	1985	1988	1989	1990
Discharges ¹					
Total in millions ²	11.7	10.5	10.4	10.3	10.5
Rate per 1,000 Enrollees	397	347	324	315	314
Days of Care					
Total in millions	117	92	90	91	94
Rate per 1,000 Enrollees	3,978	3,016	2,912	2,842	2,811
Average Length of Stay per Discharge	10.0	8.7	9.0	9.0	9.0
Total Charges per Day	\$487	\$597	\$830	\$954	\$1,071

¹ Includes admissions and transfers to excluded units within PPS hospitals.

² The population base excludes HI enrollees residing in foreign countries.

NOTES: Fiscal year data. Data may reflect underreporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk HMO utilization; and Medicare secondary payer bills.

SOURCE: HCFA/BDMS

March 1992

Medicare/Short-Stay Hospital Utilization Trends

Calendar Year	All Beneficiaries			
	Covered Days of Care in millions	Covered Days of Care per 1,000 Enrollees	Mean Covered Charge per Covered Day	Mean Interim Reimbursement per Covered Day
1970	76.6	3,764	\$76	\$60
1971	75.9	3,661	88	68
1972	76.6	3,629	96	74
1973	82.5	3,539	105	81
1974	87.9	3,674	121	92
1975	90.0	3,653	147	111
1976	94.2	3,722	173	129
1977	96.4	3,694	199	147
1978	99.3	3,708	227	164
1979	102.3	3,727	257	184
1980	108.3	3,860	298	208
1981	110.5	3,865	353	243
1982	112.6	3,873	421	282
1983	111.1	3,756	491	315

SOURCE: HCFA/BDMS

Medicare/Short-Stay Hospital Length of Stay Trends

Calendar Year	Average Length of Stay in Days	
	Aged	Disabled
1976	11.1	10.5
1977	11.0	10.3
1978	10.8	10.1
1979	10.7	10.0
1980	10.7	10.0
1981	10.5	9.9
1982	10.2	9.7
1983	9.6	9.2

NOTE: See PPS Activity section for current data.

SOURCE: HCFA/BDMS

March 1992

Medicare/Inpatient Hospital Days per Person by Days of Care
Calendar Year 1989

Total Days of Care	Persons Using That Number of Days in thousands	Percent Distribution	Cumulative Percent Distribution	Total Days Used in thousands	Covered Days Used in thousands	Covered Days as a Percent of Total Days
Total	6,489	100.0	100.0	90,271	84,463	93.6
1 Day (s)	445	6.9	6.9	692	635	91.7
2	593	9.1	16.0	1,805	1,715	95.0
3	681	10.5	26.5	3,069	2,921	95.2
4	679	10.5	37.0	4,120	3,916	95.0
5	591	9.1	46.1	4,529	4,302	95.0
6	503	7.8	53.9	4,644	4,405	94.8
7	464	7.1	61.0	5,018	4,758	94.8
8	397	6.1	67.1	4,944	4,677	94.6
9	327	5.0	72.1	4,604	4,354	94.6
10	271	4.2	76.3	4,268	4,039	94.6
11	220	3.4	79.7	3,842	3,633	94.6
12	178	2.7	82.4	3,414	3,223	94.4
13	147	2.3	84.7	3,074	2,910	94.6
14	131	2.0	86.7	3,003	2,832	94.3
15	107	1.7	88.4	2,645	2,499	94.5
16	86	1.3	89.7	2,296	2,165	94.3
17	72	1.1	90.8	2,059	1,937	94.1
18	60	0.9	91.7	1,841	1,733	94.2
19	52	0.8	92.5	1,661	1,562	94.0
20	45	0.7	93.2	1,539	1,453	94.4
21-30	249	3.8	97.0	10,710	10,049	93.8
31-40	87	1.3	98.3	5,312	4,964	93.5
41-50	41	0.6	98.9	3,140	2,922	93.1
51-60	21	0.3	99.2	1,932	1,786	92.4
61-70	12	0.2	99.4	1,305	1,197	91.7
71-80	8	0.1	99.5	899	818	91.0
81-90	5	0.1	99.6	648	582	89.9
91-100	3	0.1	99.7	472	408	86.6
101-125	5	0.1	99.8	799	709	88.7
126-150	3	0.0	99.8	486	411	84.5
151-175	2	0.0	99.8	310	259	83.4
176-200	1	0.0	99.8	232	190	82.0
201-225	1	0.0	99.8	188	134	71.4
226-250	(1)	0.0	99.8	115	85	74.4
251-275	(1)	0.0	99.8	100	68	68.1
276-300	(1)	0.0	99.8	62	42	68.3
301-325	(1)	0.0	99.8	61	44	72.6
326-350	(1)	0.0	99.8	40	26	63.4
351+	1	0.0	99.8	394	102	25.8

¹Less than 500.

NOTES: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period. Calendar year data are derived from 1989 MEDPAR person file. This file includes stays recorded in HCFA central office through December 1990. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/ORD/BDMS

March 1992

Medicare/Short-Stay Hospital Discharges by Length of Stay
Calendar Year 1989

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number in thousands	Percent Distribution	Cumulative Percent Distribution	Number in thousands	Percent Distribution	Cumulative Percent Distribution
Total	10,148	100.0	100.0	90,271	100.0	100.0
1 Day (s)	692	6.8	6.8	692	0.8	0.8
2	903	8.9	15.7	1,805	2.0	2.8
3	1,023	10.1	25.8	3,069	3.4	6.2
4	1,030	10.2	36.0	4,120	4.6	10.8
5	906	8.9	44.9	4,529	5.0	15.8
6	774	7.6	52.5	4,644	5.1	20.9
7	717	7.1	59.6	5,018	5.6	26.5
8	618	6.1	65.7	4,944	5.5	32.0
9	512	5.0	70.7	4,604	5.1	37.1
10	427	4.2	74.9	4,268	4.7	41.8
11	349	3.4	78.3	3,842	4.3	46.1
12	284	2.8	81.1	3,414	3.8	49.9
13	236	2.3	83.4	3,074	3.4	53.3
14	214	2.1	85.5	3,003	3.3	56.6
15	176	1.7	87.2	2,645	2.9	59.5
16	143	1.4	88.6	2,296	2.5	62.0
17	121	1.2	89.8	2,059	2.3	64.3
18	102	1.0	90.8	1,841	2.0	66.3
19	87	0.9	91.7	1,661	1.8	68.1
20	77	0.8	92.5	1,539	1.7	69.8
21-30	436	4.3	96.8	10,710	11.9	81.7
31-40	153	1.5	98.3	5,312	5.9	87.6
41-50	70	0.7	99.0	3,140	3.5	91.1
51-60	35	0.3	99.3	1,932	2.1	93.2
61-90	40	0.4	99.7	2,852	3.2	96.4
91+	22	0.2	100.0	3,259	3.6	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period. Calendar year data are derived from 1989 MEDPAR person file. This file includes stays recorded in HCFA central office through December 1990. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/ORD/BDMS

March 1992

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1990

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges ¹
All procedure codes ²			
Leading procedure codes		\$39,203,486,275	100.0
		23,784,902,079	60.7
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF IOL	1,938,391,607	4.9
90060	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; INTERMEDIATE SERVICE	1,452,026,255	3.7
90050	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; LIMITED SERVICES	1,241,871,412	3.2
90260	SUBSEQUENT HOSPITAL CARE, EACH DAY; INTERMEDIATE SERVICE	1,001,293,265	2.6
90250	SUBSEQUENT HOSPITAL CARE, EACH DAY; LIMITED SERVICES	805,551,341	2.1
90620	INITIAL CONSULTATION; COMPREHENSIVE	635,105,923	1.6
90220	INITIAL HOSPITAL CARE; COMPREHENSIVE	486,606,323	1.2
90070	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; EXTENDED SERVICES	387,583,250	1.0
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	380,144,163	1.0
A0010	AMBULANCE SERVICE, BASIC LIFE SUPPORT (BLS)	363,902,408	0.9
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	362,468,861	0.9
93307	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D); COMPLETE	357,197,856	0.9
66821	DISCUSSION OF SECONDARY MEMBRANEOUS CATARACT ("AFTER CATARACT")	339,995,988	0.9
90270	SUBSEQUENT HOSPITAL CARE, EACH DAY; EXTENDED SERVICES	315,237,246	0.8
90080	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; COMPREHENSIVE	264,698,368	0.7
92014	OPHTHALMOLOGICAL SERVICES, ESTABLISHED PATIENT; COMPREHENSIVE	254,803,544	0.6
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	250,389,749	0.6
90040	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; BRIEF	245,733,312	0.6
27447	ARTHROPLASTY, KNEE; CONDYLE AND PLATEAU	244,486,471	0.6
52601	TRANSURETHRAL RESECTION OF PROSTATE	241,435,431	0.6
90020	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; COMPREHENSIVE	236,759,266	0.6
93547	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY	220,995,130	0.6
45378	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; DIAGNOSTIC	215,668,928	0.6
77430	WEEKLY MEGAVOLTAGE TREATMENT MANAGEMENT; COMPLEX	213,639,722	0.5
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	205,392,887	0.5
92012	OPHTHALMOLOGICAL SERVICES, ESTABLISHED PATIENT; INTERMEDIATE SERVICE	201,042,210	0.5
33512	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (THREE CORONARY GRAFTS)	199,884,396	0.5
A0220	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT (ALS) BASE RATE	194,210,357	0.5
E1400	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE DOES NOT EXCEED 2 LITERS PER MINUTE	190,849,063	0.5
90630	INITIAL CONSULTATION; COMPLEX	189,471,106	0.5

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1990

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charge'
45385	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE FOR REMOVAL OF POLYNOID LESION(S)	188,490,075	0.5
80019	AUTOMATED MULTICHANNEL TEST	186,867,004	0.5
43235	UPPER GASTROINTESTINAL ENDOSCOPY	179,381,454	0.5
A2000	MANIPULATION OF SPINE BY CHIROPRACTOR	179,119,799	0.5
33513	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (FOUR CORONARY GRAFTS)	177,506,874	0.5
00142	ANESTHESIA FOR PROCEDURES ON EYE	175,907,871	0.4
99173	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; INTERMEDIATE SERVICE	172,584,866	0.4
B4035	ENTERAL FEEDING SUPPLY KIT;- PUMP FED (MONTHLY)	170,944,265	0.4
90240	SUBSEQUENT HOSPITAL CARE, EACH DAY; BRIEF SERVICES	162,237,544	0.4
B4150	ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/PROTEIN	160,449,955	0.4
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL	160,294,817	0.4
92982	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	159,637,688	0.4
90292	HOSPITAL DISCHARGE DAY MANAGEMENT	155,940,326	0.4
76091	MAMMOGRAPHY; BILATERAL	154,486,028	0.4
90517	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; EXTENDED SERVICES	153,936,172	0.4
90844	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, (45-50 MINUTES)	148,253,020	0.4
93549	COMBINED RIGHT AND LEFT HEART CATHETERIZATION	147,299,998	0.4
88305	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION; W/O COMPLEX DISSECTION	143,766,931	0.4
88304	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	142,737,128	0.4
Q0043	STATIONARY LIQUID OXYGEN SYSTEM RENTAL, INCLUDES CONTENTS (PER UNIT)	141,784,261	0.4
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS	140,767,784	0.4
90215	INITIAL HOSPITAL CARE; INTERMEDIATE SERVICE	134,698,803	0.3
E1401	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 2 LITERS PER MINUTE	131,537,419	0.3
27244	REPAIR OF FEMUR FRACTURE; OPEN TREATMENT OF CLOSED OR OPEN INTERTROCHANTERIC	131,376,062	0.3
93870	NON-INVASIVE STUDIES OF CAROTID ARTERIES, IMAGING	130,969,014	0.3
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	127,871,945	0.3
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	120,566,444	0.3
90015	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	120,147,368	0.3
A0020	AMBULANCE SERVICE, (BLS) PER MILE, TRANSPORT, ONE WAY	115,166,565	0.3
99160	CRITICAL CARE, INITIAL	114,082,246	0.3

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1990

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges ¹
90515	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	111,495,148	0.3
E1403	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 4 LITERS PER MINUTE	109,713,342	0.3
90280	SUBSEQUENT HOSPITAL CARE, EACH DAY; COMPREHENSIVE SERVICE	108,904,509	0.3
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY; PHOTOCOAGULATION	107,518,417	0.3
36415	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	105,911,084	0.3
90520	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; COMPREHENSIVE SERVICE	105,585,327	0.3
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS	103,930,060	0.3
90610	INITIAL CONSULTATION; EXTENDED SERVICE	103,350,427	0.3
27236	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE	99,117,778	0.3
93015	CARDIOVASCULAR STRESS TEST	98,531,320	0.3
99174	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; EXTENDED VISIT	97,098,934	0.2
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; W/O CONTRAST MATERIAL	95,618,139	0.2
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ECG WAVEFORM RECORDING	93,050,212	0.2
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	92,157,588	0.2
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING; W/O CONTRAST MATERIAL	91,193,052	0.2
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	91,076,231	0.2
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	90,509,926	0.2
85025	BLOOD COUNT	90,148,491	0.2
45380	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; FOR BIOPSY	90,038,371	0.2
E0260	HOSPITAL BED, WITH SIDE RAILS, SEMI-ELECTRIC, HEAD AND FOOT; WITH MATTRESS	89,543,056	0.2
33511	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (TWO CORONARY GRAFTS)	88,748,827	0.2
45330	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	88,315,478	0.2
92004	OPHTHALMOLOGICAL SERVICES; NEW PATIENT; COMPREHENSIVE	87,472,555	0.2
83720	LIPOPROTEIN CHOLESTEROL FRACTIONATION CALCULATION BY FORMULA	86,710,544	0.2
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE; COMPLETE	84,818,555	0.2
81000	URINALYSIS WITH MICROSCOPY	83,339,238	0.2
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; FOLLOWED BY CONTRAST MATERIAL(S)	82,172,741	0.2
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN	81,906,421	0.2
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	81,149,304	0.2
90360	SUBSEQUENT CARE, SKILLED NURSING, INTERMEDIATE CARE, OR LONG-TERM CARE FACILITIES; INTERMEDIATE SERVICE	79,524,757	0.2

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1990

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges ¹
99172	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; LIMITED SERVICE	78,782,880	0.2
93910	NON-INVASIVE STUDIES OF LOWER EXTREMITY ARTERIES	76,327,296	0.2
A4610	MEDICATION SUPPLIES TO BE USED IN DURABLE MEDICAL EQUIPMENT	76,125,783	0.2
E1402	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 3 LITERS PER MINUTE	74,897,994	0.2
84443	THYROID STIMULATING HORMONE (TSH), RIA OR EIA	74,766,276	0.2
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	73,839,762	0.2
90605	INITIAL CONSULTATION; INTERMEDIATE SERVICE	73,648,536	0.2
77425	WEEKLY MEGAVOLTAGE TREATMENT MANAGEMENT; INTERMEDIATE	73,523,028	0.2
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	73,430,714	0.2
90843	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, (20-30 MINUTES)	73,040,266	0.2
17000	DESTRUCTION BY ANY METHOD, WITH OR WITHOUT SURGICAL CURRETTEMENT; ONE LESION	70,939,673	0.2
E0265	HOSPITAL BED, TOTAL ELECTRIC WITH SIDERAILS; WITH MATTRESS	70,591,266	0.2
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN	70,348,791	0.2
90350	SUBSEQUENT CARE, SKILLED NURSING, INTERMEDIATE CARE, OR LONG-TERM CARE FACILITIES; LIMITED SERVICE	69,695,354	0.2
33514	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (FIVE CORONARY GRAFTS)	68,760,767	0.2
47605	CHOLECYSTECTOMY; CHOLANGIOGRAPHY	68,546,935	0.2
90600	INITIAL CONSULTATION; LIMITED	67,438,070	0.2
78306	BONE IMAGING; WHOLE BODY	66,275,847	0.2
49505	REPAIR INGUINAL HERNIA, AGE 5 OR OVER	65,419,320	0.2
83718	LIPOPROTEIN HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	65,370,311	0.2
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (E.G., MACULOPATHY, CHOROIDOPATHY); ONE OR MORE SESSIONS	63,710,625	0.2
A0150	NON-EMERGENCY TRANSPORTATION, AMBULANCE, BASE RATE ONE WAY	63,146,125	0.2
90010	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; LIMITED SERVICE	62,959,241	0.2
A4555	PRIMARY SURGICAL DRESSING KIT, (E.G., STERILE DRESSINGS, PADS, ETC.)	62,431,919	0.2
92235	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION; MULTIFRAME PHOTOGRAPHY	62,410,896	0.2
90450	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE	62,296,436	0.2
88307	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	61,406,753	0.2
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; FOLLOWED BY CONTRAST MATERIAL(S)	60,058,873	0.2
E0255	HOSPITAL BED, WITH SIDE RAILS VARIABLE HEIGHT, HI-LO, WITH MATTRESS	59,606,882	0.2
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN	59,510,054	0.2

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1990

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges ¹
92083	VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	57,596,672	0.1
E0570	NEBULIZER, WITH COMPRESSOR E.G., DEVILBISS PULMO-AID	57,131,639	0.1
90017	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT; EXTENDED SERVICE	56,180,781	0.1
82728	FERRITIN, SPECIFY METHOD (EG, RIA, IMMUNORADIOMETRIC ASSAY)	55,908,630	0.1
19240	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES	55,188,253	0.1
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S)	55,180,983	0.1
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION	54,314,567	0.1
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, INCLUDES REGULATOR WITH FLOW GAUGE	52,909,232	0.1
A0223	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT (ALS) BASE RATE	52,229,968	0.1
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS	51,829,197	0.1
72148	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS	51,169,831	0.1
90510	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; LIMITED SERVICE	50,693,964	0.1
A4900	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) SUPPLY KIT	50,647,532	0.1
A0221	AMBULANCE SERVICE, (ALS) PER MILE, TRANSPORT, ONE WAY	50,318,761	0.1

¹ Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

² Allowed charges were aggregated by procedure code. A total of 139 procedure codes had allowed charges of \$50 million or more and were retained for analysis.

NOTE: Part B Medicare Annual Data (BMAD).

SOURCE: HCFA/BDMS

March 1992

Medicare Persons Served/Trends

	1967	1975	1980	1985	1988	1989	1990 ¹
Aged Persons Served per 1,000 Enrollees							
HI and/or SMI	367	528	638	722	768	785	802
HI	203	221	240	219	207	206	209
SMI	365	536	652	739	792	813	832
Disabled Persons Served per 1,000 Enrollees							
HI and/or SMI	--	450	594	669	704	721	734
HI	--	219	246	228	209	208	209
SMI	--	471	634	715	760	785	804

¹Preliminary data.

NOTES: Calendar year data. Utilization rates are based on persons receiving fee-for-service care and total persons enrolled (including members of prepaid health plans).

SOURCE: HCFA/BDMS

March 1991

Medicare Persons Served/Type of Service
Calendar Year 1990

	Aged		Disabled	
	Persons Served in thousands ¹	Served per 1,000 Enrollees	Persons Served in thousands ¹	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	24,809	802	2,390	734
Hospital Insurance	6,367	209	680	209
Inpatient Hospital	5,906	194	644	198
Skilled Nursing Facility	615	20	23	7
Home Health Agency	1,818	60	122	38
Supplementary Medical Insurance	24,687	832	2,365	804
Other Medical	24,192	815	2,249	764
Outpatient	14,055	473	1,496	508
Home Health Agency	38	1	(2)	—

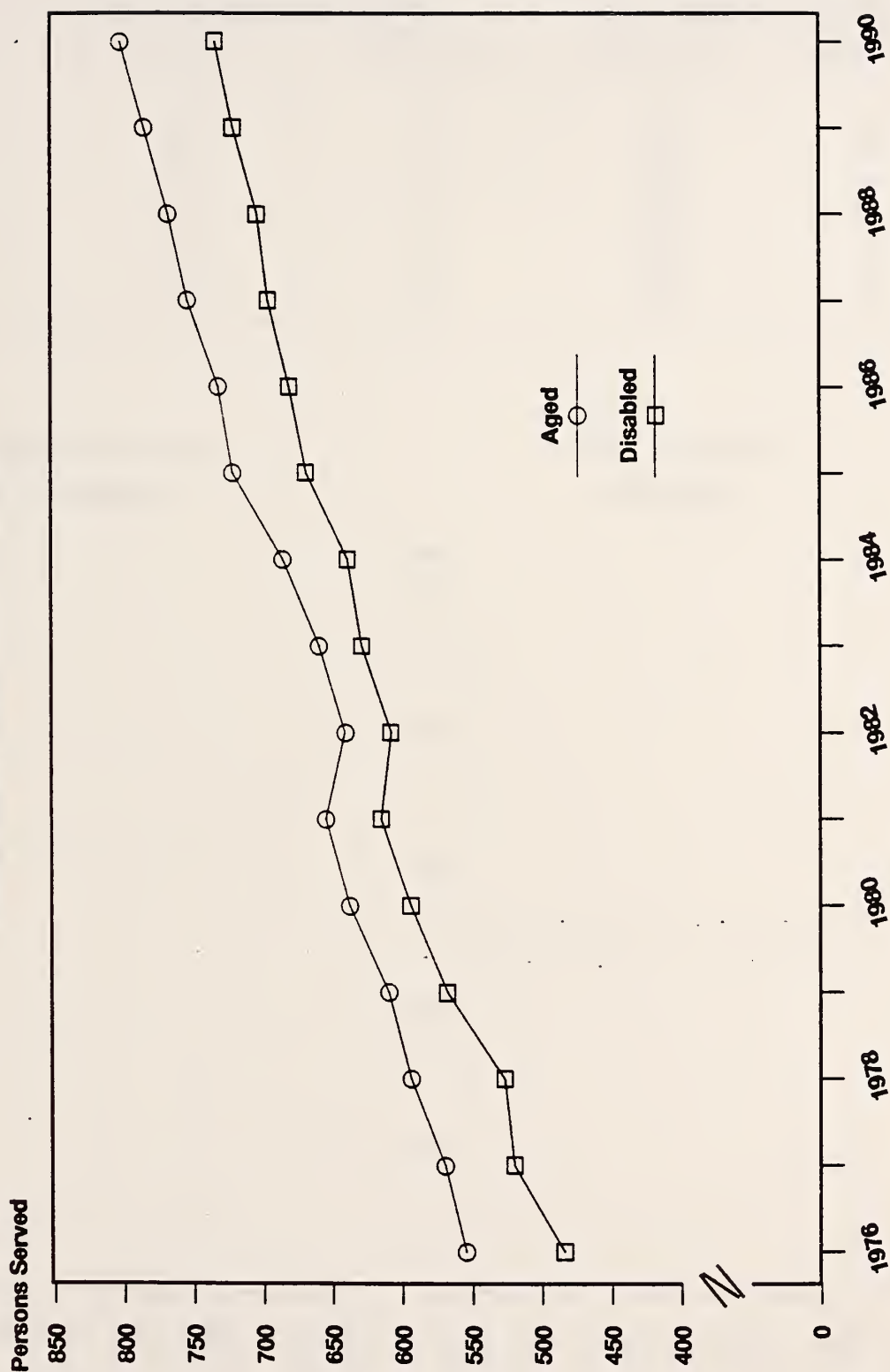
¹Medicare enrollees who received a covered service for which: 1) Medicare Trust Fund payments were made; and 2) bills were received and processed in HCFA central office.

²Less than 500.

SOURCE: HCFA/BDMS

March 1992

Medicare - Persons Served per 1,000 Enrollees HI and / or SMI Calendar Years 1976 - 1990



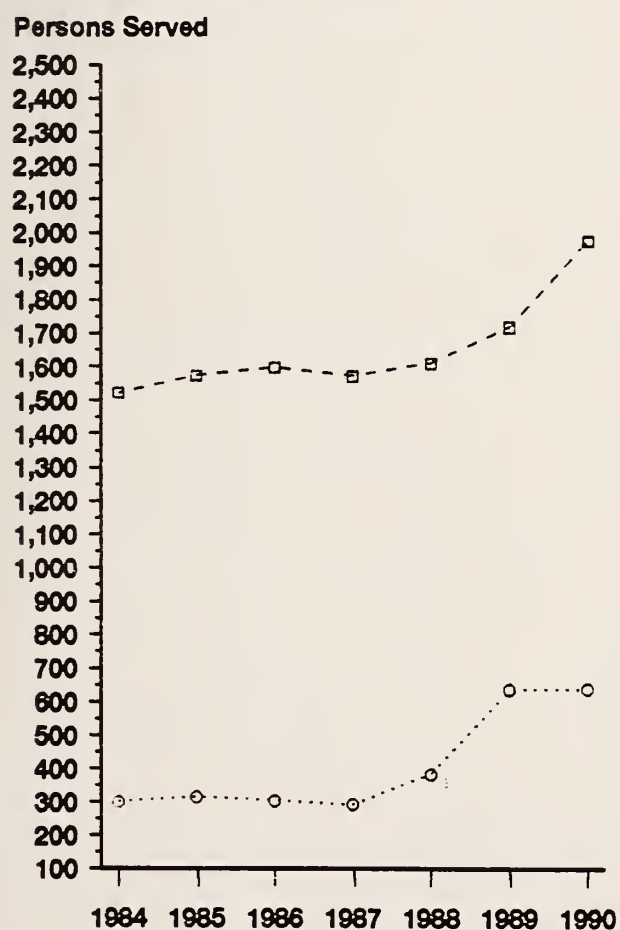
SOURCE: HCFA/BDMS

March 1992

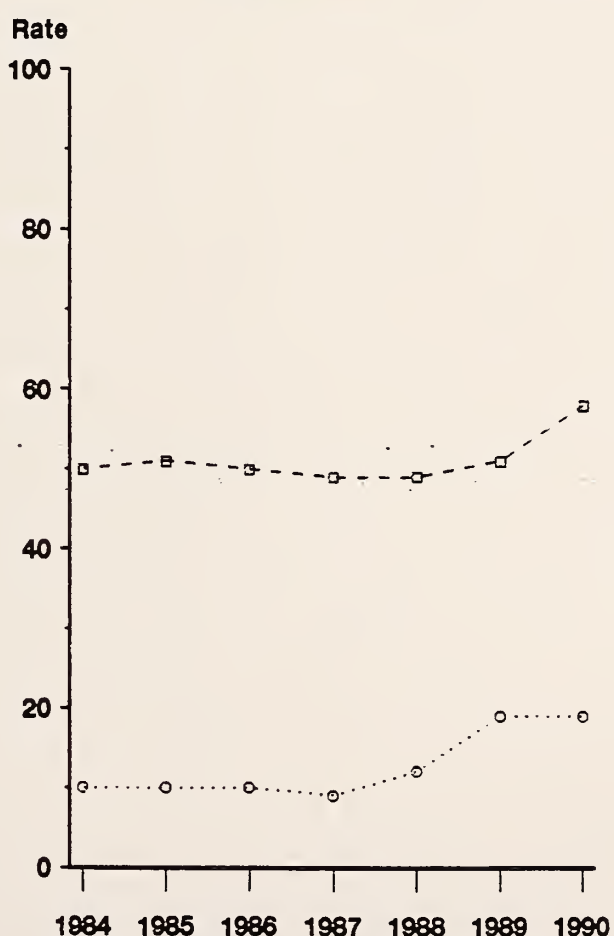
Medicare/Trends in Use of Selected Types of Long Term Care

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58

**Persons Served in
Thousands**



**Rate per 1,000
Enrollees**



SNF ---○--- HHA ---□---

SOURCE: HCFA/BDMS

March 1992

End Stage Renal Disease/Care Provided by
Medicare Approved Facilities

	1985	1987	1988	1989	1990
Dialysis Patients	84,797	98,432	105,958	116,169	130,330
In-unit	68,394	80,149	87,195	95,948	107,660
Home	16,403	18,283	18,763	20,221	22,640
Transplant Patients	7,676	8,949	8,909	8,885	9,777
Transplant Procedures	7,695	8,967	8,932	8,899	9,796
Living Related Donor	1,876	1,907	1,760	1,823	2,001
Living Unrelated Donor	—	—	56	70	90
Cadaveric Donor	5,819	7,060	7,116	7,006	7,705
Average Dialysis Payment Rate	\$129	\$127	\$127	\$127	\$127
Hospital Based	\$131	\$129	\$129	\$129	\$129
Independents	\$127	\$125	\$125	\$125	\$125

NOTE: Calendar year data.

SOURCE: HCFA/BPD/BDMS

March 1992

Medicare/ESRD Patients by Treatment Setting
Calendar Year 1990

HCFA Region	Number of Patients			Percent Distribution		
	Total	In-Center	At Home	Total	In-Center	At Home
All Regions	130,300	107,660	22,640	100.0	82.6	17.4
Boston	5,873	4,757	1,116	100.0	81.0	19.0
New York	17,213	14,062	3,151	100.0	81.7	18.3
Philadelphia	15,497	13,045	2,452	100.0	84.2	15.8
Atlanta	26,649	22,488	4,161	100.0	84.4	15.6
Chicago	21,134	16,827	4,307	100.0	79.6	20.4
Dallas	15,367	13,115	2,252	100.0	85.3	14.7
Kansas City	5,084	3,605	1,479	100.0	70.9	29.1
Denver	2,296	1,774	522	100.0	77.3	22.7
San Francisco	18,110	15,810	2,300	100.0	87.3	12.7
Seattle	3,077	2,177	900	100.0	70.8	29.2

SOURCE: HCFA/BDMS

March 1992

Medicaid/Recipients by Type of Service

	1988	1989	1990
Number in thousands			
Total	22,907	23,511	25,255
Inpatient Services			
General Hospitals	3,832	4,170	4,593
Mental Hospitals	60	90	92
Skilled Nursing Facilities	579	564	601
ICF Services			
Mentally Retarded	145	148	147
All Other	866	888	860
Physician Services	15,265	15,686	17,078
Dental Services	5,072	4,214	4,552
Other Practitioner Services	3,480	3,555	3,873
Outpatient Hospital Services	10,533	11,344	12,370
Clinic Services	2,256	2,391	2,804
Laboratory & Radiological	7,579	7,759	8,959
Home Health Services	569	609	719
Prescribed Drugs	15,323	15,916	17,294
Family Planning Services	1,525	1,564	1,752
Early and Periodic Screening	2,295	2,524	2,952
Rural Health Clinics	140	166	224
Other Care	4,166	4,583	5,126

NOTE: Fiscal year data.

SOURCE: HCFA/BDMS

**Medicaid/Units of Services
Fiscal Year 1990**

	Units in thousands
General Hospital	
Total Discharges	3,932
Recipients Discharged	2,758
Total Days of Care	22,059
Skilled Nursing Facility	
Total Recipients	586
Total Days of Care	125,591
Intermediate Care Facility (Including MR)	
Total Recipients	138
Total Days of Care	46,509
Intermediate Care Facility (excluding MR)	
Total Recipients	771
Total Days of Care	212,526
Home Health Visits	61,531
Physician Visits	107,691
Rural Health Clinic Visits	710
Drug Prescriptions	238,501

NOTES: The data for units of services are not based on all jurisdictions. MR is "Mentally Retarded".

SOURCE: HCFA/BDMS

March 1992

Medicaid/Abortions

	1988	1989	1990	1991
Total Number Reported	135	131	71	89
Annual Percent Change	+48.4	-3.0	-45.8	+25.4
Total Expenditures in thousands	\$211	\$231	\$103	\$175
Annual Percent Change	+64.8	+9.5	-55.4	+69.9

NOTES: Fiscal year data. Data for this report are taken from the 64.9 forms submitted by the Medicaid jurisdictions as part of their quarterly statement of expenditures. Expenditures shown include both the Federal and State shares.

SOURCE: HCFA/MB

Medicaid/EPSTD 1/

	1987	1988	1989	1990
Total Reported Individuals Screened in thousands	2,844	3,000	3,425	4,216
Total Payments for Screening in millions ²	\$142	³ \$159	\$154	\$184
Average Screening Cost	\$50	\$53	\$45	\$44

¹EPSTD data for 1991 will not be available until April 1, 1992. The Omnibus Reconciliation Act of 1989 changed the reporting dates for EPSTD data.

²Excludes treatment costs for referable conditions.

³Estimate: HCFA-25

NOTE: Fiscal year data.

SOURCE: HCFA/MB

Medicaid/EPSTD 1/

	1987	1988	1989	1990
Average Number of Eligible Children	9,575,100	9,625,736	10,541,029	11,485,591
Average Number Enrolled in Continuing Care Arrangements	939,863	962,390	1,024,870	1,159,564
Percent of Eligible Children Enrolled	9.8	10.0	9.7	10.1
Number of Initial and Periodic Examinations	2,829,568	3,000,290	3,424,844	4,215,944
Number of Examinations where at Least One Referable Condition was Identified	779,204	805,165	847,375	1,084,297

¹EPSTD data for 1991 will not be available until April 1, 1992. The Omnibus Reconciliation Act of 1989 changed the reporting dates for EPSTD data.

NOTES: Fiscal year data. Data for this table are taken from HCFA-420 EPSTD quarterly reports. Excludes Puerto Rico, American Samoa and the Northern Mariana Islands.

SOURCE: HCFA/MB

March 1992

National/Community Hospital Utilization Trends

	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expense per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991 ¹	30.6	219	7.2	316	761

¹Estimate is based on the 12 month period ending September, 1991.

SOURCE: American Hospital Association data for 1973-1990 are based on annual survey data as reflected in the American Hospital Association's Hospital Statistics, 1991-92 Edition. Data for 1991 are partially estimated using AHA's Community Hospital Panel Survey.

March 1992

VIII. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section IX).

Current and trend data are shown by type of provider/supplier and program participation.

Medicare Inpatient Hospitals/Trends

	1975	1980	1985	1990	1991
Total Hospitals	6,773	6,777	6,707	6,520	6,487
Beds in thousands	1,140	1,150	1,144	1,105	1,102
Beds per 1,000 Enrollees ¹	51.7	46.7	42.5	37.0	36.2
Short-Stay	6,107	6,104	6,034	5,549	5,480
Beds in thousands	902	991	1,027	970	967
Beds per 1,000 Enrollees ¹	40.9	40.2	38.2	32.5	31.7
Psychiatric	385	408	474	674	707
Beds in thousands	199	131	95	99	99
Beds per 1,000 Enrollees ¹	9.0	5.3	3.5	3.3	3.3
Other Long-Stay	281	265	199	297	300
Beds in thousands	40	28	22	35	36
Beds per 1,000 Enrollees ¹	1.8	1.1	0.8	1.2	1.2

¹Based on number of aged HI enrollees.

NOTES: Facility data as of July 1. Rates for 1991 based on July 1, 1990 enrollment. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: HCFA/ORD/BDMS

Other Medicare Providers and Suppliers/Trends

	1975	1980	1985	1990	1991
Skilled Nursing Facilities	5,295	5,052	6,451	8,937	9,674
Beds in thousands	287	436	NA	509	567
Home Health Agencies	2,242	2,924	5,679	5,730	5,826
Independent Laboratories	3,048	3,447	3,980	4,879	4,926
End Stage Renal Disease Facilities	—	999	1,393	1,937	2,130
Outpatient Physical Therapy	117	419	854	1,195	1,317
Portable X-Ray	132	216	308	443	462
Rural Health Clinics	—	391	428	551	692
Comprehensive Outpatient Rehabilitation Facilities	—	—	72	186	193
Ambulatory Surgical Centers	—	—	336	1,197	1,335
Hospices	—	—	164	825	1,057

NOTES: Facility data as of July 1. NA indicates data are not available.

SOURCES: HCFA/ORD/BDMS

March 1992

Selected Medicare Facilities/Type of Control

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,480	9,674	5,826
Percent Distribution			
Nonprofit	56.9	28.1	39.2
Proprietary	13.5	66.1	37.3
Government	29.6	5.8	23.5

NOTES: Data as of July 1991. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: HCFA/BDMS

Medicare PIP Facilities/Trends

	1975	1980	1985	1988	1989	1990	1991
Hospitals							
Number of PIP	1,524	2,276	3,242	1,470	1372	1,352	1,320
Percent of Total Participating	22.5	33.8	48.3	22.0	20.8	20.6	20.3
Skilled Nursing Facilities							
Number of PIP	161	203	224	152	493	774	901
Percent of Total Participating	4.1	3.9	3.4	2.0	5.8	7.3	9.2
Home Health Agencies							
Number of PIP	86	481	931	1,109	1125	1,211	1,288
Percent of Total Participating	3.8	16.0	16.0	19.6	19.7	21.0	21.9

NOTES: Data from 1985 to date are as of September; prior years as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals where the servicing intermediary meets specified processing time standards.

SOURCES: HCFA/BPO/BDMS

March 1992

Medicare Assigned Claims/Trends

Fiscal Year	Net Assignment Rate ¹
1975	51.9
1976	51.0
1977	50.5
1978	50.6
1979	51.1
1980	51.4
1981	52.2
1982	52.8
1983	53.5
1984	56.4
1985	67.7
1986	68.0
1987	71.7
1988	76.3
1989	79.3
1990	80.9
1991	82.5

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: HCFA/BPO

March 1992

Medicare/Participating Physician and Supplier Program

Participation Status - January 1, 1991

47.6% Physicians ¹	360,765 Participating 758,363 Billing Medicare
22.6% Suppliers	28,667 Participating 126,982 Billing Medicare
44.0% Total	389,432 Participating 885,345 Billing Medicare

Comparison to Prior Enrollments

	<u>January 1991</u>		<u>April 1990</u>	<u>January 1989</u>	<u>April 1988</u>
January 1987	<u>Number</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Physicians ¹	360,765	47.6	44.1	40.7	37.3
Suppliers	28,667	22.6	21.8	21.0	20.3
Total	389,432	44.0	40.9	37.8	34.8

¹ Includes M.D.s, D.O.s, and limited license practitioners

NOTES: The participating physician/supplier program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians and suppliers to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in his private practice but not in his group practice is counted as participating.

SOURCE: HCFA/BPO

March 1992

Historic Enrollment in the Medicare Participating Physicians and Suppliers/Trends

Specialty	1991 Jan 1- Dec 31	1990 Apr 1- Dec 31	1989 Jan 1- Mar 31/90	1988 Apr 1- Dec 31	1987 Jan 1- Mar 31/88	1986 May 1- Dec 31	1985 Oct 1- Apr 30/86	1984 Oct 01/84 Sep 30/85
<u>Total Physicians, LLP and Suppliers</u>					Percent of Participation			
<u>Total Physicians¹</u>	44.0	40.9	37.8	34.8	29.1	27.1	27.7	29.4
General Practice	49.6	45.5	40.2	37.6	30.1	—	27.9	29.8
General Surgery	44.0	39.7	35.8	32.3	25.6	23.8	23.6	27.3
Otology, Laryngology, Rhinology	60.5	55.8	52.2	48.5	37.2	32.9	34.5	33.9
Anesthesiology	49.6	45.2	41.2	36.9	27.0	—	25.1	24.6
Cardiovascular Disease	36.5	30.8	28.3	25.0	20.3	21.8	21.7	21.1
Dermatology	65.4	60.6	55.5	52.8	43.2	—	38.8	35.8
Family Practice	57.0	53.4	48.7	45.7	38.1	—	37.8	34.0
Internal Medicine	50.8	47.2	39.7	35.6	27.1	25.0	25.5	25.5
Neurology	52.6	48.8	45.2	41.2	33.6	29.7	31.1	32.5
Obstetrics - Gynecology	56.1	53.1	49.2	44.1	37.2	—	33.2	34.8
Ophthalmology	52.6	48.8	44.2	40.4	31.5	—	30.5	29.1
Orthopedic Surgery	60.0	55.6	50.5	46.3	35.1	29.7	28.7	27.3
Pathology	58.4	53.7	49.2	44.0	32.8	—	29.0	29.0
Psychiatry	59.2	53.4	50.6	48.1	41.2	38.2	37.7	39.6
Radiology	44.1	41.8	37.8	34.4	28.6	—	27.8	30.0
Urology	53.6	49.6	45.8	41.7	30.9	—	29.0	27.8
Nephrology	71.7	66.5	60.0	57.8	49.7	—	46.2	50.8
Clinic or Other Group Practice-Not GPPP	73.9	68.7	67.8	60.8	50.6	34.6	35.4	33.8
Other Physicians ²	32.2	29.2	26.0	24.0	19.5	23.8	28.3	32.4
Other Surgical	—	—	—	—	—	—	12.7	18.2
<u>Total Limited License Practitioners (LLP)</u>	40.0	40.0	44.5	35.6	30.4	—	32.2	34.0
Certified Registered Midwife ³	23.8	15.2	—	—	—	—	—	—
Certified Reg. Nurse Anesthetist ³	26.3	12.5	—	—	—	—	—	—
Chiropractor	28.6	26.2	24.8	22.9	19.7	23.0	23.8	25.4
Podiatry - Surgical Chiroprody	59.6	54.0	52.6	44.6	33.4	30.3	31.8	38.2
Optometrist	56.9	54.0	48.9	50.5	44.1	45.6	48.2	44.0
Other Limited License Practitioners ⁴	36.4	38.4	35.3	33.8	30.9	32.2	33.8	36.8
<u>Total Physicians and LLP</u>	47.6	44.1	40.7	37.3	30.6	28.3	28.4	29.8
<u>Total Suppliers</u>	22.6	21.8	21.0	20.3	18.3	19.0	23.0	23.8
Independent Laboratory	49.7	45.4	43.8	42.0	37.2	36.7	36.3	28.4
Durable Medical Equipment Suppliers	23.1	21.7	20.1	19.2	16.6	—	18.7	22.7
Ambulance Service Suppliers	32.3	32.1	30.1	30.0	27.9	—	38.6	28.6
Other Suppliers ⁵	17.7	17.5	17.5	16.8	15.5	16.5	22.9	22.5

¹Physicians include doctors of medicine (MDs) and doctors of osteopathy (DOs).

²For FY 1985 and FY 1986, other physicians means other medical specialties. For later enrollment periods, other physicians includes both other medical and other surgical specialties.

³Data for CRNs and CRNAs not available prior to April 1, 1990, election period.

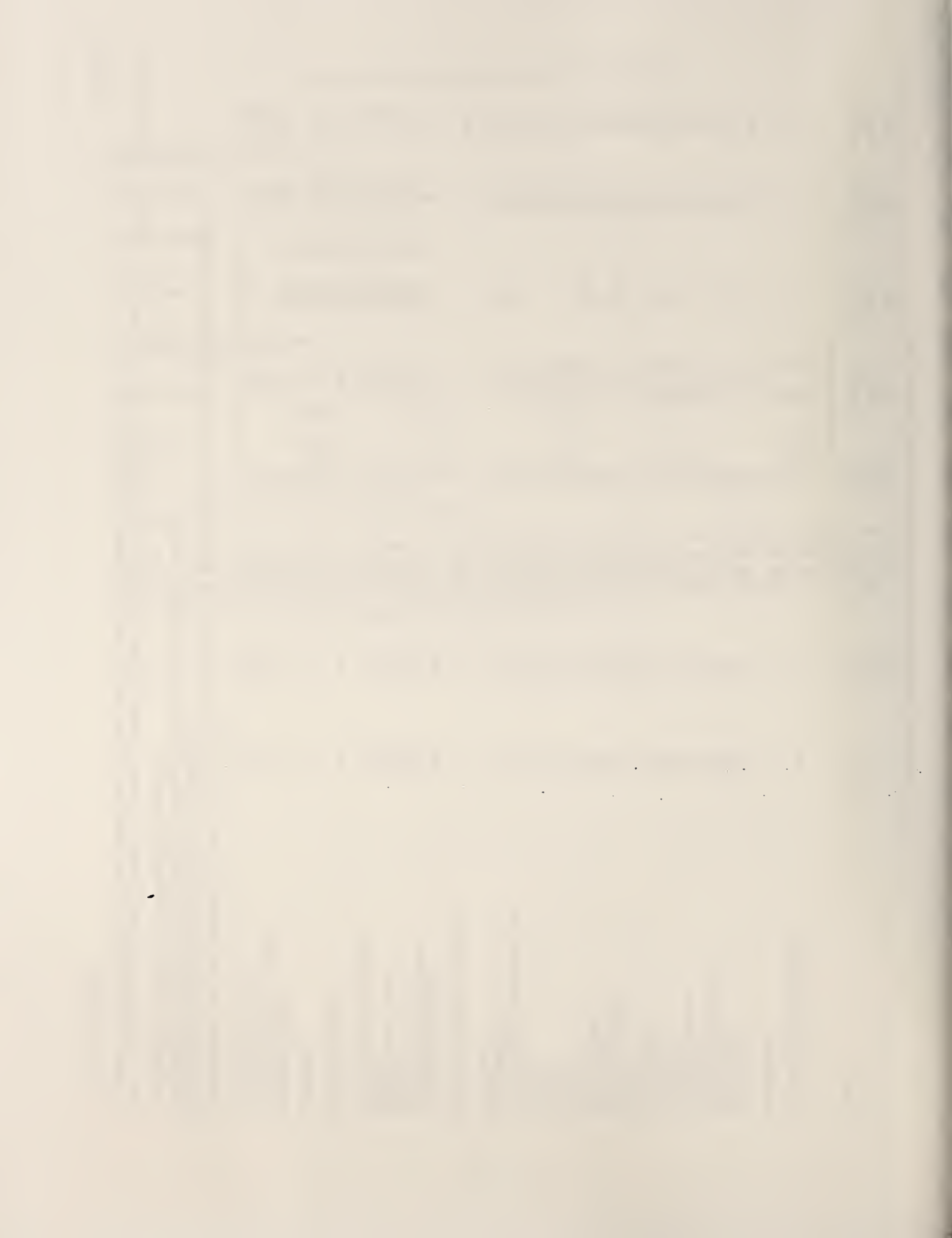
⁴Other limited license practitioners include audiologists, psychologists, physical therapists, and occupational therapists.

⁵Other suppliers are orthotists, prosthetists, and portable x-ray suppliers.

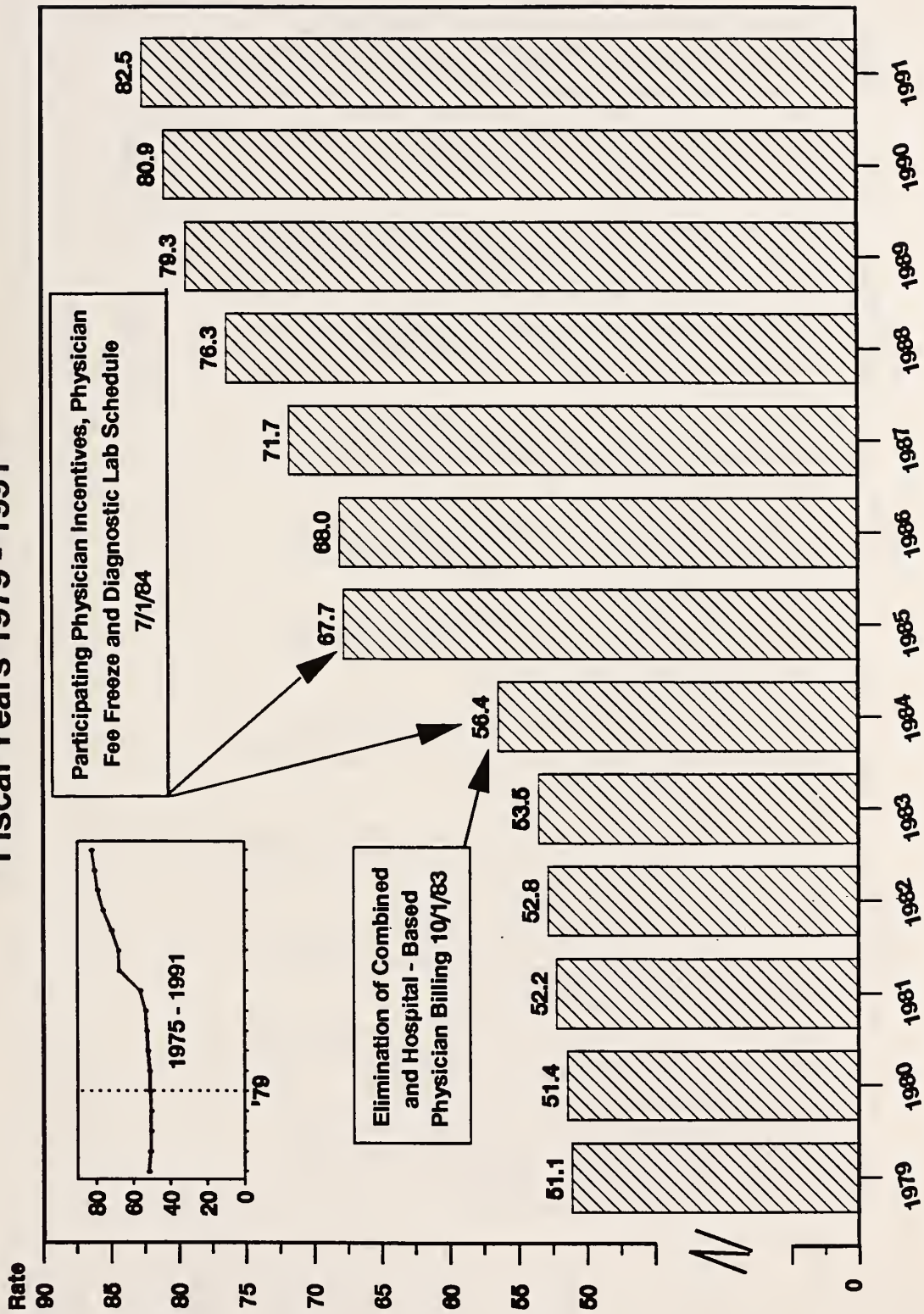
NOTE: "—" means data are not available. For FY 1984, data represent percentage of agreements; thus physicians may have been counted more than once, if they practiced in more than one setting. Effective with the October 1, 1985, election period, carriers were instructed to count individuals only once, even if a provider participates in more than one setting.

SOURCE: HCFA/BPO/ORD

March 1992



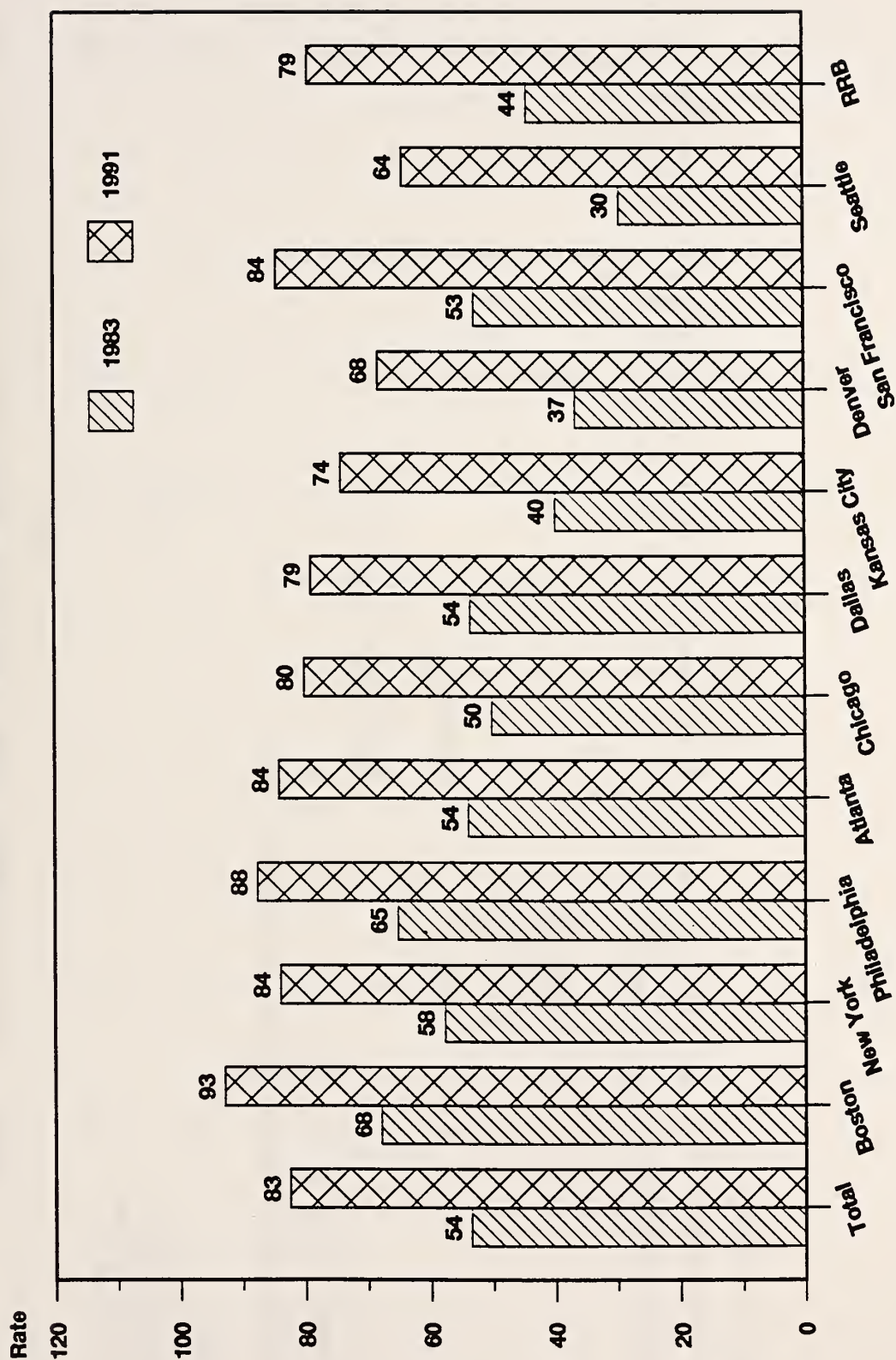
Medicare Physician / Supplier Net Assignment Rates Fiscal Years 1979 - 1991



SOURCE: HCFA / BPO

March 1992

Medicare Assignment Rate by HCFA Region Fiscal Year 1983 versus 1991



SOURCE: HCFA / BPO

March 1992

Medicare/Benefit and Premium Summary
TEFRA Risk HMOs and CMPs

	Routine Physicals	Immunization	Health Education	Outpatient Drugs	Foot Care	Eye Exams	Lenses	Ear Exams	Hearing Aids	Dental	Outpatient Mental Health
Number and Percent of Plans Whose Basic Option Package Offers Additional Benefits in Specified Categories	80	69	33	31	51	74	20	53	5	28	28
	89	77	37	34	57	82	22	59	6	31	31

Plans Charging Copayments for Basic Package: 59 yes (66%); 31 no (34%)

Plans Offering High Option Package: 0%

Distribution of Basic Premiums

Range	Number of plans	Percent
\$0	23	26
\$0.01 - \$19.99	6	7
\$20.00 - \$40.00	12	13
above \$40.00	49	54

Average Basic Premium = \$40.07 Highest Basic Premium = \$97.00

NOTES: Data as of March 1, 1992. Total number of plans shown includes an additional plan not included in the other TEFRA Risk data due to differing reporting cycles.

SOURCE: HCFA/OPHCOO

March 1992

Medicare/Enrollment and Payment Summary for HMOs and CMPs

Type of Contract	Number of Contracts	Number of Enrollees	March 1992 Payment in millions	Payment Fiscal Year to Date in millions
Total	170	2,190,940	\$578.2	\$3,290.2
TEFRA Risk ¹	89	1,409,023	477.6	2,720.7
Demos	4	20,842	7.7	41.4
TEFRA Cost ²	25	134,605	21.5	122.8
HCPP Part B ³	52	626,470	71.4	405.3

¹Includes 4 contracts which have been signed, but for which no payment has been made for March 1992. Also, there are no Diagnostic Cost Groupings (DCGs) for this period of time.

²Includes 4 plans with TEFRA risk contracts which have enrollees still being paid under the cost methods.

³Includes enrollment from 10 HCPPs which have signed risk contracts.

NOTES: Data as of March 1, 1992. Data for fiscal year payment include the current month.

SOURCE: HCFA/OPHCOO

March 1992

Medicare/Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
1988			
January	133	981,145	234.9
February	134	966,931	230.2
March	135	975,328	239.7
April	137	989,886	243.6
May	137	999,515	240.8
June	138	1,009,765	249.7
July	141	1,023,110	252.9
August	140	1,033,543	256.0
September	153	1,040,966	257.8
October	155	1,047,423	259.7
November	155	1,054,761	261.8
December	154	1,062,712	264.4
1989			
January	133	1,039,901	283.9
February	133	1,046,645	286.1
March	133	1,055,010	288.7
April	133	1,061,582	290.7
May	133	1,069,663	293.2
June	133	1,075,499	295.0
July	133	1,088,108	299.0
August	133	1,096,384	302.0
September	131	1,102,693	303.4
October	131	1,113,939	303.7
November	131	1,124,387	300.1
December	131	1,134,039	301.7
1990			
January	96	1,091,635	341.6
February	97	1,108,589	345.4
March	97	1,124,067	353.5
April	97	1,141,923	356.6
May	97	1,157,390	361.3
June	96	1,171,440	365.6
July	96	1,187,082	371.3
August	97	1,205,490	376.5
September	96	1,216,617	381.5
October	96	1,238,479	388.0
November	96	1,260,413	386.7
December	96	1,263,547	394.1
1991			
January	85	1,240,474	384.1
February	86	1,254,746	398.0
March	86	1,270,479	405.1
April	86	1,279,666	403.7
May	87	1,292,899	409.8
June	87	1,303,578	414.8
July	88	1,318,493	437.1
August	88	1,333,638	422.7
September	90	1,345,750	430.6
October	93	1,358,019	431.0
November	93	1,375,176	437.5
December	93	1,389,401	533.0

SOURCE: HCFA/OPHC

March 1992

Medicare/Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
TEFRA Risk Contracts				
Model				
IPA	53	60	574,422	41
Group	23	26	332,599	24
Staff	13	14	502,002	35
Ownership				
Profit	55	62	906,607	64
Nonprofit	34	38	502,416	36
TEFRA Cost Contracts ¹				
Model				
IPA	7	28	72,598	56
Group	9	36	14,639	11
Staff	9	36	43,124	33
Ownership				
Profit	5	20	42,900	33
Nonprofit	20	80	87,461	67

¹Does not include cost enrollees remaining in risk plans.

NOTES: Data as of March 1, 1992. IPA is the Individual Practice Association.

SOURCE: HCFA/OPHCOO

March 1992

Medicare Prepaid Operations

	Pre-TEFRA ¹		Post-TEFRA ²	
	Number of Plans	Number of Enrollees	Number of Plans	Number of Enrollees
Total Prepaid	154	1,076,115	170	2,190,940
HCPPs and GPPPs	46	612,131	52	626,470
Total HMOs	108	463,984	118	1,564,470
TEFRA Risk	--	--	89	1,409,023
Old Risk	4	37,353	0	0
Cost Basis	65	116,608	25	134,605
DEMO	39	310,023	4	20,842

¹Data as of March 1985.

²Data as of March 1992.

SOURCE: HCFA/OPHCOO

March 1992

Medicare and Prepaid Enrollment Distribution by State

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as a Percent of Resident Population	Enrollees			Total Prepaid Enrollees	Enrollees as a Percent of Medicare Enrollees			
				TEFRA Risk	Cost	HCPP		TEFRA Risk	Cost	HCPP	Total
Total	248,710	33,924	14	1,409,023	134,605	626,470	2,190,940	4	0	2	6
Alabama	4,041	582	14	0	0	0	0	0	0	0	0
Alaska	550	25	5	0	0	0	0	0	0	0	0
Arizona	3,665	498	14	70,754	16,704	0	87,458	14	3	0	18
Arkansas	2,351	391	17	0	0	0	0	0	0	0	0
California	29,760	3,279	11	501,803	1,402	250,329	753,534	15	0	8	23
Colorado	3,294	358	11	31,915	8,923	8,373	49,211	9	2	2	14
Connecticut	3,287	469	14	0	10,196	0	10,196	0	2	0	2
Delaware	666	88	13	0	0	0	0	0	0	0	0
Dist. of Columbia	607	78	13	0	0	7,978	7,978	0	0	10	10
Florida	12,938	2,339	18	288,428	1,257	5,466	295,151	12	0	0	13
Georgia	6,478	732	11	1501	0	0	1,501	0	0	0	0
Hawaii	1,108	127	11	12,066	21,763	4,124	37,953	10	17	3	30
Idaho	1,007	132	13	0	0	0	0	0	0	0	0
Illinois	11,431	1,534	13	48,647	5,729	8,834	63,210	3	0	1	4
Indiana	5,544	762	14	6,805	0	10,910	17,715	1	0	1	2
Iowa	2,777	457	16	0	0	19,487	19,487	0	0	4	4
Kansas	2,478	363	15	2,758	0	10,208	12,966	1	0	3	4
Kentucky	3,685	534	14	5,327	0	0	5,327	1	0	0	1
Louisiana	4,220	531	13	0	0	1,609	1,609	0	0	0	0
Maine	1,228	183	15	0	0	0	0	0	0	0	0
Maryland	4,781	541	11	630	0	3,876	4,506	0	0	1	1
Massachusetts	6,016	867	14	42,264	0	13,144	55,408	5	0	2	6
Michigan	9,295	1,233	13	12,158	0	78	12,236	1	0	0	1
Minnesota	4,375	588	13	55,124	443	72,619	128,186	9	0	12	22
Mississippi	2,573	366	14	0	0	0	0	0	0	0	0

Medicare and Prepaid Enrollment Distribution by State (cont.)

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as a Percent of Resident Population	Enrollees			Total Prepaid Enrollees	Enrollees as a Percent of Medicare Enrollees			
				TEFRA Risk	Cost	HCPP		TEFRA Risk	Cost	HCPP	Total
Missouri	5,117	781	15	12,174	0	14,747	26,921	2	0	2	3
Montana	799	117	15	0	0	0	0	0	0	0	0
Nebraska	1,578	237	15	3,584	0	0	3,584	2	0	0	2
Nevada	1,202	141	12	13,403	0	0	13,403	10	0	0	10
New Hampshire	1,109	137	12	0	0	0	0	0	0	0	0
New Jersey	7,730	1,092	14	0	23,398	0	23,398	0	2	0	2
New Mexico	1,515	179	12	14,685	0	0	14,685	8	0	0	8
New York	17,990	2,509	14	71,446	7,893	65,459	144,798	3	0	3	6
North Carolina	6,629	892	13	0	2,593	0	2,593	0	0	0	0
North Dakota	639	98	15	0	615	0	615	0	1	0	1
Ohio	10,847	1,543	14	13,693	1,164	10,523	25,380	1	0	1	2
Oklahoma	3,146	451	14	4,732	0	0	4,732	1	0	0	1
Oregon	2,842	424	15	75,574	14,804	0	90,378	18	3	0	21
Pennsylvania	11,982	1,956	16	18,792	0	4,388	23,180	1	0	0	1
Puerto Rico	3,552	429	NA	0	0	0	0	0	0	0	0
Rhode Island	1,003	159	16	7,737	4,528	0	12,265	5	3	0	8
South Carolina	3,487	442	13	0	0	0	0	0	0	0	0
South Dakota	696	110	16	0	0	0	0	0	0	0	0
Tennessee	4,877	692	14	0	0	0	0	0	0	0	0
Texas	16,987	1,824	11	34,159	0	4,899	39,058	2	0	0	2
Utah	1,723	160	9	0	0	2,832	2,832	0	0	2	2
Vermont	563	75	13	0	0	0	0	0	0	0	0
V.I./Guam/A.S.	282	8	NA	0	0	0	0	0	0	0	0
Virginia	6,187	722	12	108	319	0	427	0	0	0	0
Washington	4,867	615	13	53,971	4,712	0	58,683	9	1	0	10
West Virginia	1,793	308	17	0	8,162	0	8,162	0	3	0	3
Wisconsin	4,992	714	15	4,785	0	9,437	14,222	1	0	1	2
Wyoming	454	52	11	0	0	0	0	0	0	0	0
United Mine Workers (90091) ¹	--	--	--	--	--	97,150	97,150	0	0	0	0

¹United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Medicare enrollment data as of July 1, 1990. Resident population is a provisional estimate as of April 1, 1990 and excludes data for Foreign Countries and residence unknown. Prepaid enrollment data as of March 1992. Enrollee data (20,842) for Social Health Maintenance Organizations (SHMOs) are included in the total prepaid enrollees. NA indicates data are not available. Totals do not necessarily equal the sum of rounded components.

Physicians/Trends

Year	Type of Physician			Active Physicians per 10,000 Population
	Total	Doctors of Medicine	Doctors of Osteopathy	
1970	326,500	314,200	12,300	15.6
1971	337,400	325,000	12,400	15.9
1972	348,300	335,500	12,800	16.3
1973	355,700	342,500	13,200	16.4
1974	370,000	356,400	13,600	16.9
1975	384,500	370,400	14,100	17.4
1976	399,500	385,000	14,500	17.9
1977	405,900	390,800	15,100	18.0
1978	424,000	408,300	15,700	18.6
1979	440,400	424,000	16,400	19.1
1980	457,500	440,400	17,100	19.7
1981	466,700	448,700	18,000	19.9
1982	483,700	465,000	18,700	20.5
1983	501,200	481,500	19,700	21.1
1984	NA	NA	NA	NA
1985	534,800	512,900	21,900	22.0
1986	544,800	522,000	22,800	22.5
1987	560,100	536,000	24,100	22.7
1988	573,600	548,300	25,300	23.0
1989	587,500	560,900	26,500	23.5
1990	601,004	572,907	28,097	24.0
Projected				
2000	725,933	684,950	40,983	27.1
2010	825,793	771,590	54,203	29.2
2020	875,953	811,442	64,511	29.8

NOTES: Data are based on reporting by physicians and medical schools. The resident population includes U.S. residents in the 50 States, District of Columbia, and civilians in Puerto Rico, other U.S. outlying areas and the Armed Forces abroad. The number of M.D.'s differ from American Medical Association figures because a variant proportion of the physicians not classified by activity status and whose addresses are unknown are allocated into the totals. NA indicates data are not available.

SOURCES: HRSA/Bureau of Health Professions and Bureau of the Census

March 1992

Ratio of Non-Federal Physicians
Involved in Patient Care
per 100,000 Resident Population, 1989

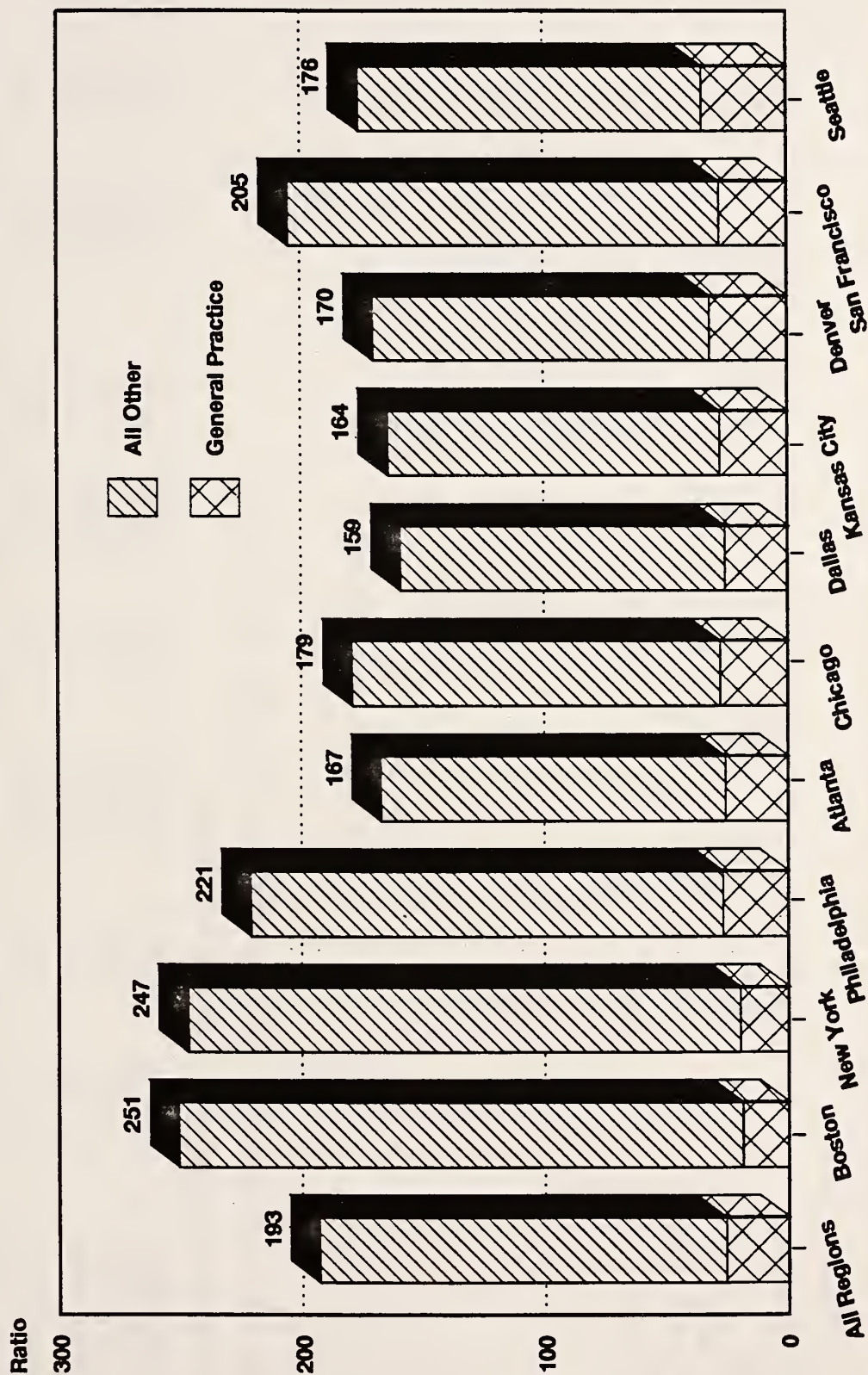
HCFA Region	Ratio	Index
Total	193	1.00
Boston	251	1.30
New York	247	1.28
Philadelphia	220	1.14
Atlanta	167	0.87
Chicago	179	0.93
Dallas	159	0.82
Kansas City	164	0.85
Denver	170	0.88
San Francisco	205	1.06
Seattle	176	0.91

NOTES: Physician data exclude those physicians whose addresses are unknown. 1990 civilian population data are unavailable for the United States, Puerto Rico, Virgin Islands, and Pacific Islands; therefore, 1990 resident population data were used for those areas. The estimates are based on the April 1, 1990, population as enumerated in the 1990 census.

SOURCES: American Medical Association and Bureau of the Census

March 1992

Ratio of Non - Federal Physicians, Involved in Patient Care per 100,000 Resident Population, 1989



SOURCE: American Medical Association / Bureau of the Census

March 1992

Physician Specialties/Trends

Non-Federal Physicians	1970		1985		1988		1989	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Active in Patient Care	255,027	100.0	431,527	100.0	472,598	100.0	487,796	100.0
Medical Specialties	60,968	23.9	132,519	30.7	151,484	32.1	157,934	32.4
Surgical Specialties	75,991	29.8	118,955	27.6	125,724	26.6	128,552	26.4
Other Specialties	63,970	25.1	117,109	27.1	129,354	27.4	134,892	27.7
General Practice	54,098	21.2	62,944	14.6	66,036	14.0	66,418	13.6

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Physician Characteristics and Distribution in the U. S., 1990.

Physician Income and Expenses/1990

	Mean Net Income ¹	Mean Expenses							
		Mean	Total	Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
Percent Distribution									
All Physicians	\$164.3	\$150.0	100.0	36.3	22.5	11.0	9.7	5.1	15.5
Specialty									
General/Family Practice	102.7	134.5	100.0	37.8	22.2	15.2	5.8	4.8	14.3
Internal Medicine	152.5	139.2	100.0	37.0	25.6	11.1	6.6	4.9	14.8
Surgery	201.0	236.4	100.0	31.3	18.1	8.3	9.6	5.1	27.5
Pediatrics	106.5	138.0	100.0	40.6	22.3	18.0	5.7	3.5	10.0
Obstetrics/Gynecology	207.2	212.6	100.0	31.3	21.7	11.7	16.1	4.4	14.7

¹ After expenses, before taxes.

NOTE: The data for categories "Mean Net Income" and "Mean" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1991-92.

March 1992

Physician Income and Expenses/Trends

Year	Mean Net Income ¹	Mean Expenses							Other
		Total	Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment		
								Percent Distribution	
1983	\$104.1	100.0	34.0	24.8	10.9	8.1	6.0	16.3	
1984	108.4	100.0	33.2	26.0	11.4	8.9	5.9	14.7	
1985	112.2	100.0	34.7	25.7	10.9	10.2	5.7	12.8	
1986	119.5	100.0	32.8	24.1	11.1	10.8	5.9	15.3	
1987	132.3	100.0	34.4	24.3	10.9	12.1	5.3	13.1	
1988	144.7	100.0	34.4	24.1	10.3	11.3	4.9	15.0	
1989	155.8	100.0	35.5	22.4	11.5	10.4	5.1	15.0	
1990	164.3	100.0	36.3	22.5	11.0	9.7	5.1	15.5	

¹After expenses, before taxes.

NOTE: The data for categories "Mean Net Income" and "Mean" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1991-92.

March 1992

IX. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services.

Medicare Benefit Payments/State
Fiscal Year 1990

	Program Payments ¹ in millions	July 1, 1990 Medicare Enrollees in thousands	Average Payment per Enrollee	Program Payments ¹ in millions	July 1, 1990 Medicare Enrollees in thousands	Average Payment per Enrollee
All Areas	\$107,410	34,203	\$3,140	2,363	781	3,025
United States ²	106,863	33,498	3,190	313	117	2,669
Alabama	1,832	582	3,147	546	237	2,302
Alaska	88	25	3,539	432	141	3,063
Arizona	1,546	498	3,104	341	137	2,482
Arkansas	1,112	391	2,846			
California	11,605	3,279	3,539	3,442	1,092	3,152
Colorado	915	358	2,558	468	179	2,611
Connecticut	1,494	469	3,185	9,510	2,509	3,790
Delaware	278	88	3,155	2,298	892	2,576
District of Columbia	394	78	5,055	255	98	2,588
Florida	7,575	2,339	3,238	4,786	1,543	3,102
Georgia	2,319	732	3,168	1,331	451	2,949
Hawaii	258	127	2,036	986	424	2,329
Idaho	319	132	2,417	7,316	1,956	3,741
Illinois	4,716	1,534	3,075	483	159	3,043
Indiana	2,224	762	2,919			
Iowa	1,169	457	2,560	1,113	442	2,519
Kansas	1,028	363	2,829	269	110	2,445
Kentucky	1,564	534	2,931	2,206	692	3,189
Louisiana	1,960	531	3,691	5,953	1,824	3,264
Maine	495	183	2,706	424	160	2,652
Maryland	2,152	541	3,975			
Massachusetts	3,117	867	3,595	185	75	2,487
Michigan	4,562	1,233	3,701	2,114	722	2,929
Minnesota	1,300	588	2,210	1,630	615	2,650
Mississippi	1,083	366	2,962	834	308	2,711
				1,991	714	2,790
				153	52	2,957
				511	437	1,169
				35	268	131

¹Program payments for "All Areas" represent disbursements reported in the 1991 Trustees Report including all disbursements under fee-for-service and prepaid health plan arrangements. Distribution of program payments by State is based on interim payment as reflected on claims for services rendered in 1989 and recorded in central office through December 2, 1990. Data are shown by beneficiary's State of residence.

²Includes enrollees with unknown State of residence.

SOURCES: HCFA/OACT/BDMS

March 1992

Medical Assistance Payments/Expenditures

	1989		1990		1991	
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share
TOTAL	\$57,992,604	\$32,717,341	\$68,725,566	\$38,949,108	\$88,418,393	\$50,442,602
Alabama	538,715	394,485	796,768	584,136	1,068,203	777,845
Alaska	131,110	69,021	152,237	80,890	177,601	94,215
American Samoa	2,780	1,390	2,900	1,450	7,207	1,450
Arizona	391,961	249,176	570,980	354,744	770,591	482,861
Arkansas	515,520	382,316	610,858	455,898	726,253	545,887
California	6,055,870	3,033,357	7,191,874	3,602,193	8,440,023	4,242,961
Colorado	488,274	247,943	536,772	281,094	743,950	401,110
Connecticut	1,002,148	502,097	1,183,304	593,089	1,446,867	725,539
Delaware	113,662	59,976	122,718	61,587	183,333	92,066
Dist. of Col.	352,445	176,454	422,961	211,960	483,961	242,649
Florida	1,937,929	1,070,555	2,476,984	1,356,720	3,246,587	1,771,188
Georgia	1,246,951	784,400	1,513,224	942,794	1,931,144	1,189,395
Guam	3,560	1,785	4,132	2,072	4,196	2,097
Hawaii	181,244	98,156	207,393	113,371	257,708	139,960
Idaho	131,964	96,090	156,590	115,066	207,818	153,376
Illinois	2,128,612	1,069,153	2,407,031	1,208,836	2,440,398	1,224,722
Indiana	1,200,926	766,443	1,453,102	927,970	1,752,187	1,109,835
Iowa	538,039	339,514	637,542	399,487	777,580	494,231
Kansas	380,901	209,704	525,463	295,062	679,829	389,509
Kentucky	829,987	606,032	1,001,113	727,822	1,446,112	1,056,108
Louisiana	1,161,987	823,838	1,410,678	1,032,272	1,994,589	1,485,612
Maine	366,132	244,473	431,896	282,037	576,419	366,557
Maryland	1,001,625	503,300	1,193,382	597,526	1,452,526	728,575
Massachusetts	2,335,386	1,167,873	3,071,209	1,537,513	4,453,307	2,230,320
Michigan	2,160,447	1,188,287	2,604,757	1,426,038	3,406,459	1,850,125
Minnesota	1,261,350	671,299	1,431,630	757,290	1,675,499	897,636
Mississippi	506,664	405,188	620,843	498,080	806,876	645,643
Missouri	816,082	490,369	938,057	556,319	1,650,000	988,922
Montana	168,741	119,428	180,290	129,302	235,390	170,991
Nebraska	276,294	167,239	317,951	194,911	399,959	251,626

Amount in thousands

Medical Assistance Payments/Expenditures - continued

	1989			1990			1991		
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share		Total Payments Computable For Federal Funding	Net Adjusted Federal Share		Total Payments Computable For Federal Funding	Net Adjusted Federal Share	
	Amount in thousands								
Nevada	110,048	55,293		149,283	75,091		185,661	93,354	
New Hampshire	196,244	98,372		228,142	114,312		389,130	195,156	
New Jersey	1,956,275	980,257		2,342,236	1,173,633		3,035,138	1,520,705	
New Mexico	252,907	182,648		289,917	211,525		374,680	277,227	
New York	10,792,344	5,410,432		12,185,180	6,113,212		15,438,917	7,742,179	
North Carolina	1,177,157	802,694		1,462,623	989,058		2,024,756	1,351,442	
North Dakota	175,158	116,839		191,560	130,331		221,788	156,282	
N. Mariana Islands	1,099	550		1,173	586		783	390	
Ohio	2,759,010	1,608,005		2,771,482	1,661,733		3,753,760	2,254,978	
Oklahoma	648,568	431,871		718,531	492,834		846,820	592,322	
Oregon	447,411	280,197		541,416	341,567		665,176	423,320	
Pennsylvania	2,759,729	1,588,193		3,017,769	1,720,659		4,238,884	2,408,593	
Puerto Rico	142,316	71,158		146,380	73,190		132,284	66,142	
Rhode Island	347,885	209,661		443,168	244,584		633,885	340,980	
South Carolina	576,474	421,647		835,029	610,862		1,238,166	900,006	
South Dakota	144,493	104,024		169,366	121,701		198,082	143,884	
Tennessee	1,137,974	798,790		1,373,885	957,000		1,852,327	1,270,531	
Texas	2,263,527	1,342,861		3,068,485	1,885,489		4,021,856	2,564,952	
Utah	216,158	159,828		268,748	201,001		346,835	259,881	
Vermont	133,113	85,597		156,063	97,755		197,971	123,235	
Virginia	847,110	434,849		1,034,446	519,471		4,120	2,060	
Virgin Islands	4,397	2,198		3,792	1,896		1,270,657	639,419	
Washington	1,011,973	540,240		1,213,398	657,599		1,504,987	819,610	
West Virginia	346,049	263,551		400,090	306,674		576,700	445,082	
Wisconsin	1,265,719	753,494		1,472,124	875,436		1,729,295	1,033,967	
Wyoming	55,160	34,751		66,641	44,380		93,163	63,894	

NOTES: Fiscal year data. Data for 1989 and 1990 were extracted from Line 11, Net Reported Expenditures, Form HCFA-64. Net Adjusted Federal Share includes HCFA adjustments. Data for 1991 were extracted from Form HCFA-25, Medicaid Program Budget Report, State estimates submitted November 1991.

SOURCE: HCFA/MB

March 1992

Medicare Enrollment/State

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population		Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population
All Areas	N/A	134,203	—	Missouri	5,117	781	15.3
United States, Territories, and Possessions				Montana	799	117	14.7
	252,557	33,936	13.4	Nebraska	1,578	237	15.0
				Nevada	1,202	141	11.7
United States	248,710	33,498	13.5	New Hampshire	1,109	137	12.4
Alabama	4,041	582	14.4	New Jersey	7,730	1,092	14.1
Alaska	550	25	4.5	New Mexico	1,515	179	11.8
Arizona	3,665	498	13.6	New York	17,990	2,509	13.9
Arkansas	2,351	391	16.6	North Carolina	6,629	892	13.5
California	29,760	3,279	11.0	North Dakota	639	98	15.4
Colorado	3,294	358	10.9	Ohio	10,847	1,543	14.2
Connecticut	3,287	469	14.3	Oklahoma	3,146	451	14.3
Delaware	666	88	13.3	Oregon	2,842	424	14.9
District of Columbia	607	78	12.8	Pennsylvania	11,882	1,956	16.5
Florida	12,938	2,339	18.1	Rhode Island	1,003	159	15.8
Georgia	6,478	732	11.3	South Carolina	3,487	442	12.7
Hawaii	1,108	127	11.5	South Dakota	696	110	15.8
Idaho	1,007	132	13.1	Tennessee	4,877	692	14.2
Illinois	11,431	1,534	13.4	Texas	16,987	1,824	10.7
Indiana	5,544	762	13.7	Utah	1,723	160	9.3
Iowa	2,777	457	16.5	Vermont	563	75	13.2
Kansas	2,478	363	14.7	Virginia	6,187	722	11.7
Kentucky	3,685	534	14.5	Washington	4,867	615	12.6
Louisiana	4,220	531	12.6	West Virginia	1,793	308	17.2
Maine	1,228	183	14.9	Wisconsin	4,892	714	14.6
Maryland	4,781	541	11.3	Wyoming	454	52	11.4
Massachusetts	6,016	867	14.4	Puerto Rico	3,522	429	12.2
Michigan	9,295	1,233	13.3	Virgin Islands	102	7	7.2
Minnesota	4,375	588	13.4	Other Outlying Areas	323	1	0.5
Mississippi	2,573	366	14.2				

¹Includes the United States, its Territories and Possessions, and residents of foreign countries.

²Includes enrollees with unknown State of residence.

³Excludes Freely Associated States.

NOTES: Resident population is a provisional estimate as of April 1, 1990. Data for Medicare enrollees are as of July 1, 1990. NA indicates data are not available.

SOURCES: HCFA/BDMS and Bureau of the Census

March 1992

Medicaid Recipients/State

	Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population		Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions	2,245,045	25,255	10.3	Missouri	5,117	448	8.8
United States	2,248,710	23,964	9.6	Montana	799	61	7.6
Alabama	4,041	352	8.7	Nebraska	1,578	119	7.6
Alaska	550	39	7.1	Nevada	1,202	47	3.9
Arizona ¹	3,665	—	—	New Hampshire	1,109	45	4.0
Arkansas	2,351	264	11.2	New Jersey	7,730	567	7.3
California	29,760	3,624	12.2	New Mexico	1,515	130	8.6
Colorado	3,294	191	5.8	New York	17,990	2,329	12.9
Connecticut	3,287	250	7.6	North Carolina	6,629	563	8.5
Delaware	666	41	6.2	North Dakota	639	49	7.7
District of Columbia	607	93	15.4	Ohio	10,847	1,221	11.3
Florida	12,938	1,038	8.0	Oklahoma	3,146	273	8.7
Georgia	6,478	651	10.0	Oregon	2,842	227	8.0
Hawaii	1,108	85	7.7	Pennsylvania	11,882	1,177	9.9
Idaho	1,007	55	5.4	Rhode Island	1,003	117	11.7
Illinois	11,431	1,067	9.3	South Carolina	3,487	317	9.1
Indiana	5,544	348	6.3	South Dakota	696	49	7.1
Iowa	2,777	240	8.6	Tennessee	4,877	613	12.6
Kansas	2,478	194	7.8	Texas	16,987	1,442	8.5
Kentucky	3,685	468	12.7	Utah	1,723	108	6.3
Louisiana	4,220	585	13.9	Vermont	563	60	10.7
Maine	1,228	133	10.8	Virginia	6,187	379	6.1
Maryland	4,781	330	6.9	Washington	4,867	448	9.2
Massachusetts	6,016	591	9.8	West Virginia	1,793	250	14.0
Michigan	9,295	1,048	11.3	Wisconsin	4,892	393	8.0
Minnesota	4,375	380	8.7	Wyoming	454	29	6.4
Mississippi	2,573	433	16.8	Puerto Rico	3,522	1,280	36.3
				Virgin Islands	102	11	10.9

¹ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

² Arizona is excluded.

³ Arizona is included.

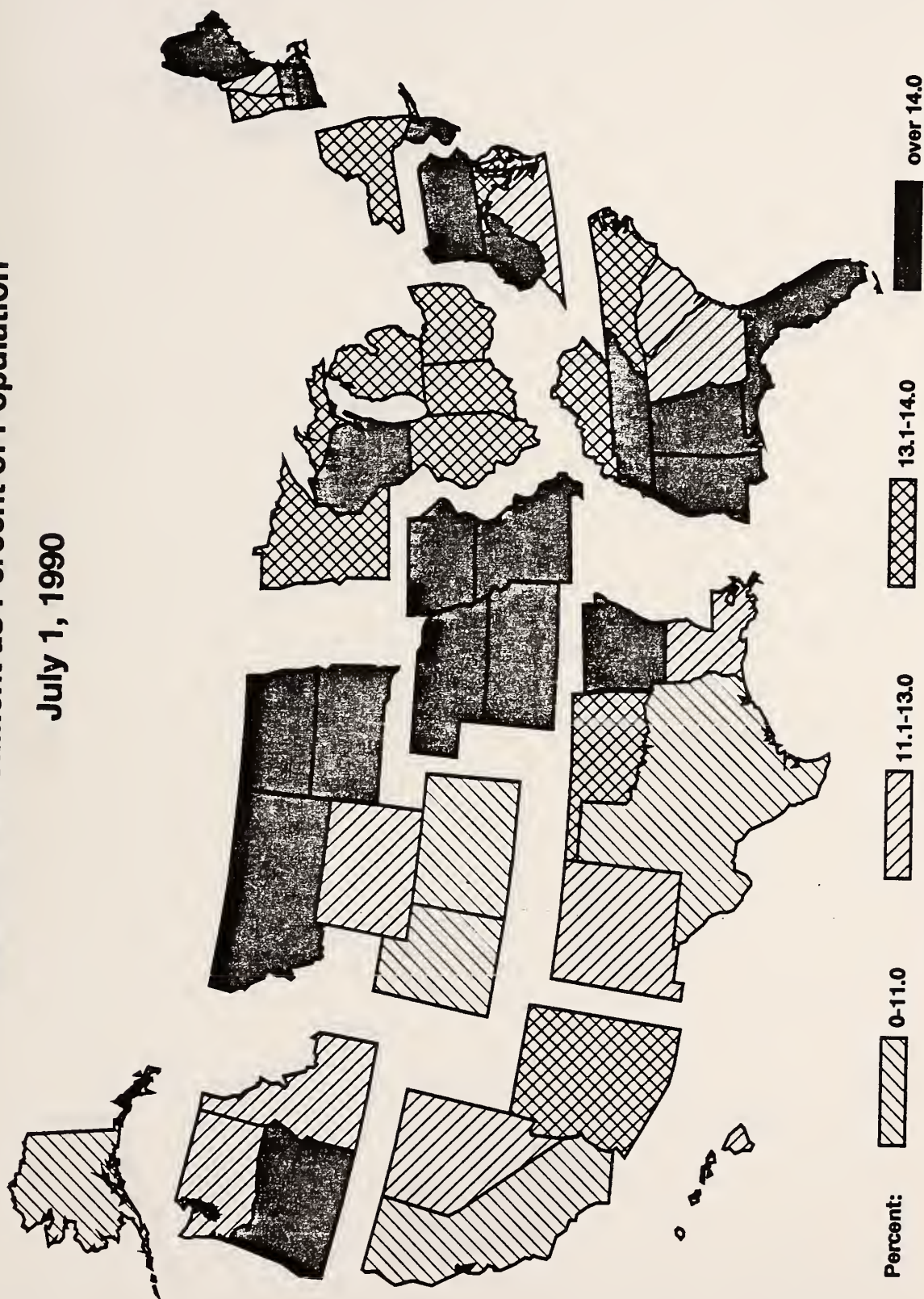
NOTES: Resident population is a provisional estimate as of April 1, 1990. Medicaid is fiscal year 1990 data. NA indicates data are not available.

SOURCES: HCFA/BDMS and Bureau of the Census

March 1992

Medicare Enrollment as Percent of Population

July 1, 1990

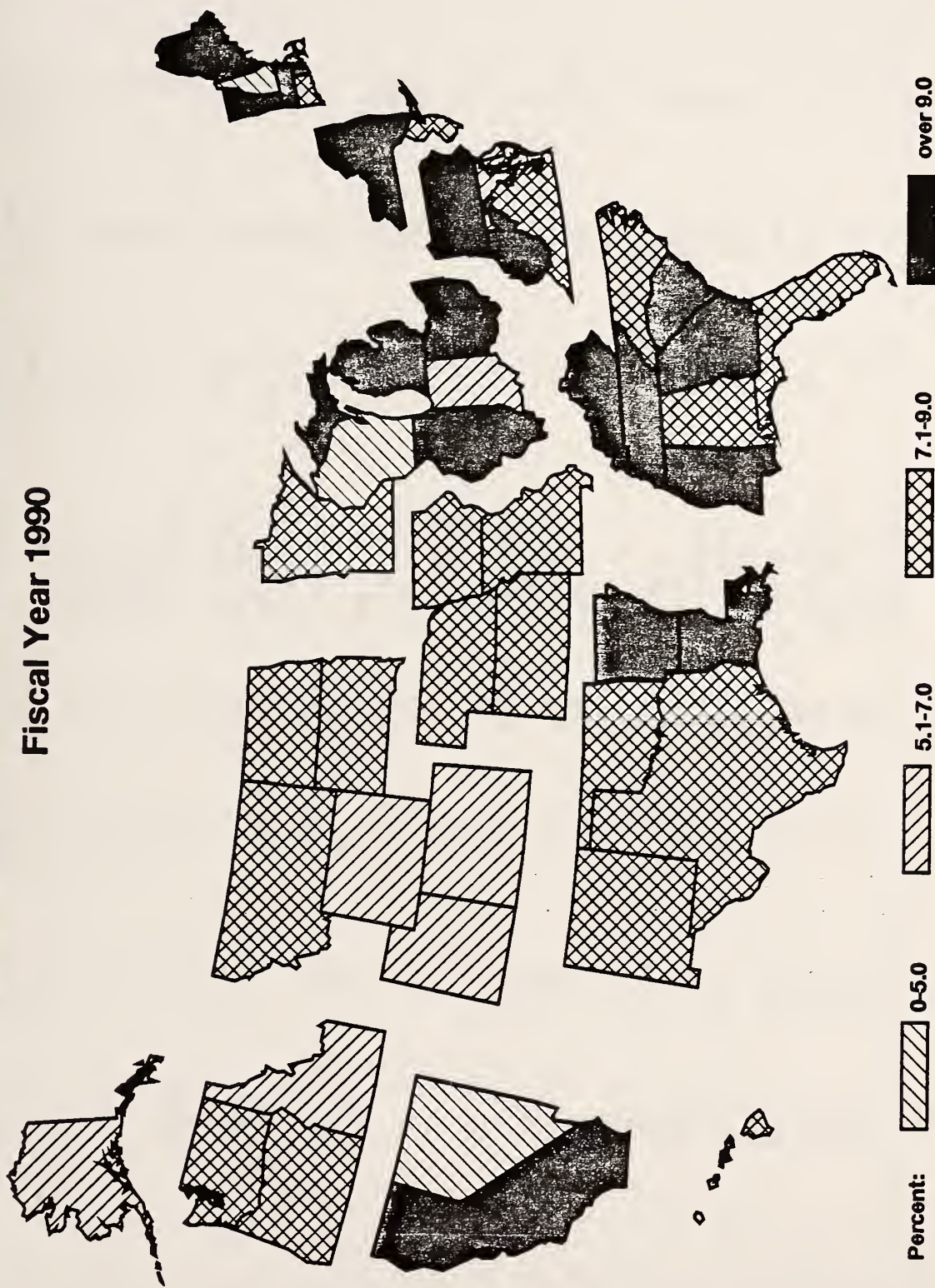


SOURCES: HCFA / BDMS and Bureau of the Census

March 1992

Medicaid Recipients as Percent of Population

Fiscal Year 1990



SOURCES: HCFA / BDMS and Bureau of the Census

March 1992

Medicare Persons Served/State, 1990

Area of Residence	Aged			Disabled			Aged			Disabled		
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	24,809	802	2,390	734		Missouri	577	817	57	758		
United States	24,598	810	2,352	747		Montana	87	824	8	704		
Alabama	431	849	58	777		Nebraska	179	809	12	712		
Alaska	17	759	2	707		Nevada	92	721	9	672		
Arizona	353	774	28	661		New Hampshire	102	810	8	720		
Arkansas	296	863	35	724		New Jersey	832	827	66	770		
California	2,124	710	216	747		New Mexico	118	736	13	668		
Colorado	240	741	23	672		New York	1,893	830	178	777		
Connecticut	365	838	26	792		North Carolina	670	852	80	760		
Delaware	67	844	6	719		North Dakota	78	853	5	753		
District of Columbia	55	773	5	754		Ohio	1,174	846	114	731		
Florida	1,752	806	122	738		Oklahoma	362	878	30	764		
Georgia	537	844	76	786		Oregon	276	708	23	684		
Hawaii	70	590	6	671		Pennsylvania	1,519	845	119	755		
Idaho	105	862	7	687		Rhode Island	124	854	10	698		
Illinois	1,104	788	98	743		South Carolina	319	832	45	774		
Indiana	573	837	56	732		South Dakota	83	815	6	745		
Iowa	359	851	27	784		Tennessee	518	853	66	781		
Kansas	287	850	19	741		Texas	1,341	805	116	731		
Kentucky	384	837	55	738		Utah	119	808	9	703		
Louisiana	378	821	51	718		Vermont	57	841	5	763		
Maine	143	867	14	786		Virginia	547	849	60	781		
Maryland	416	838	34	751		Washington	428	761	38	715		
Massachusetts	647	814	54	752		West Virginia	219	829	31	715		
Michigan	959	871	99	754		Wisconsin	548	843	49	760		
Minnesota	371	683	30	692		Wyoming	37	783	3	684		
Mississippi	264	845	41	771		Puerto Rico	201	595	37	406		
						Other Outlying Areas	3	454	(1)	373		
						Foreign Countries	7	27	1	38		

¹ Less than 500.

NOTES: Calendar year data are preliminary. Rates are based on July 1, 1990 enrollment data.

SOURCE: HCFA/BDMS

March 1992

National/Community Hospital Care by State, 1990

	Admissions in thousands	Average Stay in days	Occupancy Rate	Outpatient Visits in thousands	Admissions in thousands	Average Stay in days	Occupancy Rate	Outpatient Visits in thousands
United States	31,181	7.2	66.8	301,329				
Alabama					Missouri			6,460
Alaska	597	7.1	62.5	4,648	Montana			843
Arizona	37	5.8	49.4	442	Nebraska			1,604
Arkansas	396	5.7	61.8	2,736	Nevada			1,086
California	347	7.1	62.0	2,170	New Hampshire			1,613
	3,063	6.1	64.2	29,687	New Jersey			9,734
Colorado	335	7.2	64.0	3,511	New Mexico			1,837
Connecticut	355	7.6	77.0	4,158	New York			29,344
Delaware	84	6.7	76.6	966	North Carolina			6,120
District of Columbia					North Dakota			540
Florida	158	7.9	75.3	1,272	Ohio			17,105
	1,639	7.0	61.8	11,634	Oklahoma			2,278
Georgia	888	6.9	65.8	6,849	Oregon			3,413
Hawaii	96	9.3	85.1	1,782	Pennsylvania			21,164
Idaho	97	6.7	55.7	1,055	Rhode Island			1,154
Illinois	1,499	7.4	65.8	16,424	South Carolina			3,437
Indiana	727	6.6	60.6	8,660	South Dakota			672
Iowa	385	8.3	61.7	4,112	Tennessee			5,196
Kansas	305	7.9	55.6	2,884	Texas			13,606
Kentucky	532	6.7	62.4	4,397	Utah			2,371
Louisiana	607	6.6	57.4	5,395	Vermont			725
Maine	146	8.1	71.5	1,934	Virginia			5,849
Maryland	562	6.9	78.6	4,561	Washington			4,901
Massachusetts	811	7.3	74.2	9,901	West Virginia			2,813
Michigan	1,069	7.6	65.5	15,320	Wisconsin			5,927
Minnesota	530	8.9	66.8	4,372	Wyoming			511
Mississippi	396	7.1	59.4	2,155				

SOURCE: 1990 annual survey data as reported in American Hospital Association's Hospital Statistics, 1991-92 Edition.

March 1992

Medicare/Inpatient Hospitals by State, 1991

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees		Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees
All Areas	5,480	32.0	1,007	4.5	Missouri	134	36.5	24	3.1
United States	5,423	32.0	1,004	4.5	Montana	57	30.7	4	1.6
					Nebraska	94	34.0	8	3.9
Alabama	115	39.6	12	1.9	Nevada	24	25.9	5	3.5
Alaska	22	64.2	3	12.4	New Hampshire	26	25.9	5	4.7
Arizona	69	24.2	21	4.3	New Jersey	92	30.3	26	5.1
Arkansas	83	32.8	16	4.7	New Mexico	45	30.9	12	4.3
California	457	30.9	93	2.9	New York	245	31.3	46	10.1
					North Carolina	130	31.4	19	4.8
Colorado	66	31.6	21	9.5	North Dakota	52	43.7	3	4.8
Connecticut	35	25.8	17	7.6					
Delaware	7	27.5	4	3.9	Ohio	188	36.6	31	3.9
					Oklahoma	127	37.0	20	4.2
District of Columbia	11	62.6	4	16.5	Oregon	66	22.1	5	1.1
Florida	219	24.9	66	2.5	Pennsylvania	220	23.5	55	4.9
					Rhode Island	12	23.4	4	6.2
Georgia	164	41.0	29	5.3					
Hawaii	22	20.4	4	3.5	South Carolina	70	32.9	11	3.8
Idaho	44	23.3	7	2.8	South Dakota	59	34.6	2	1.4
Illinois	207	36.2	26	2.1	Tennessee	137	43.5	20	3.2
Indiana	116	37.9	36	3.8	Texas	411	36.5	99	4.8
					Utah	39	31.0	11	8.2
Iowa	124	32.8	4	1.8					
Kansas	135	36.5	14	5.2	Vermont	15	29.9	2	2.6
Kentucky	104	36.5	17	4.4	Virginia	99	33.9	23	4.0
Louisiana	139	48.6	37	8.1	Washington	97	23.4	6	3.3
Maine	40	27.5	3	1.2	West Virginia	60	35.9	10	2.5
					Wisconsin	129	30.4	20	3.6
Maryland	51	28.1	17	9.3	Wyoming	27	37.8	5	3.0
Massachusetts	101	27.8	43	8.8					
Michigan	176	30.8	18	2.4	Puerto Rico	53	29.4	3	2.0
Minnesota	155	33.3	10	3.9	Other Outlying Areas	4	71.0	0	0.0
Mississippi	106	41.4	6	1.5					

NOTES: Facility data as of July 1, 1991. Aged enrollment data as of July 1, 1990.

SOURCES: HCFA/ORD/BDMS

March 1992

Medicare Skilled Nursing Facilities and Certified Beds by State, 1991

	Facilities	Beds		Facilities	Beds	
All Areas	9,674	567,199		Missouri	281	7,036
United States	9,667	566,829		Montana	90	3,922
Alabama	211	9,599		Nebraska	51	1,628
Alaska	7	442		Nevada	34	2,796
Arizona	132	3,105		New Hampshire	18	404
Arkansas	50	1,537				
California	1,142	59,987		New Jersey	215	18,978
Colorado				New Mexico	25	436
Connecticut	151	3,551		New York	585	95,918
Delaware	191	19,150		North Carolina	306	14,748
District of Columbia	33	2,346		North Dakota	73	6,336
Florida	11	507		Ohio	570	39,037
	508	24,494		Oklahoma	38	716
Georgia				Oregon	110	2,243
Hawaii	215	6,905		Pennsylvania	613	42,812
Idaho	31	2,004		Rhode Island	80	3,613
Illinois	71	2,039				
Indiana	408	10,273		South Carolina	140	10,522
	272	8,969		South Dakota	34	692
Iowa				Tennessee	152	7,346
Kansas	56	1,526		Texas	406	11,871
Kentucky	91	1,708		Utah	60	5,017
Louisiana	177	9,848				
Maine	77	3,932		Vermont	21	1,175
	27	522		Virginia	151	4,429
Maryland				Washington	183	4,073
Massachusetts	165	14,785		West Virginia	63	3,518
Michigan	347	19,188		Wisconsin	205	11,355
Minnesota	324	21,037		Wyoming	26	744
Mississippi	396	36,508				
	44	1,502		U.S. Territories and Possessions	7	370

NOTE: Facility data as of July 1991.

March 1992

SOURCES: HCFA/ORD/BDMS

SNFs Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State, 1991

	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded
United States	1,410	4,766	6,019			
Alabama	2	2	8	Missouri	88	37
Alaska	4	4	6	Montana	8	3
Arizona	0	3	9	Nebraska	30	4
Arkansas	136	61	38	Nevada	0	3
California	123	27	435	New Hampshire	0	10
Colorado	41	11	10	New Jersey	77	10
Connecticut	26	25	136	New Mexico	0	32
Delaware	2	6	14	New York	3	1,059
District of Columbia	0	5	90	North Carolina	0	187
Florida	55	2	69	North Dakota	0	65
Georgia	117	15	12	Ohio	0	358
Hawaii	1	10	19	Oklahoma	1	27
Idaho	0	0	42	Oregon	3	7
Illinois	140	250	241	Pennsylvania	23	238
Indiana	7	299	542	Rhode Island	0	110
Iowa	2	405	49	South Carolina	3	140
Kansas	23	304	51	South Dakota	55	16
Kentucky	1	81	9	Tennessee	4	35
Louisiana	0	248	372	Texas	0	469
Maine	1	120	46	Utah	13	14
Maryland	2	49	7	Vermont	3	11
Massachusetts	14	176	79	Virginia	2	22
Michigan	5	109	359	Washington	91	36
Minnesota	0	62	360	West Virginia	0	56
Mississippi	104	14	12	Wisconsin	191	52
				Wyoming	9	3

NOTE: Facility data as of July 1991.

SOURCES: HCFA/ORD/BDMS

March 1992

Community Hospitals by State, 1990

	Hospitals	Beds	Beds per 1,000 Resident Population	Hospitals	Beds	Beds per 1,000 Resident Population
United States	5,384	927,360	3.7			
Alabama	120	18,638	4.6	Missouri	135	24,355
Alaska	16	1,194	2.2	Montana	55	4,633
Arizona	61	9,973	2.7	Nebraska	90	8,611
Arkansas	86	10,843	4.6	Nevada	21	3,373
California	445	80,031	2.7	New Hampshire	27	3,470
Colorado	69	10,316	3.1	New Jersey	95	28,846
Connecticut	35	9,627	2.9	New Mexico	37	4,192
Delaware	8	2,006	3.0	New York	235	74,476
District of Columbia	11	4,557	7.5	North Carolina	120	21,934
Florida	224	50,594	3.9	North Dakota	50	4,412
Georgia	163	25,500	3.9	Ohio	190	43,143
Hawaii	18	2,887	2.6	Oklahoma	111	12,425
Idaho	43	3,200	3.2	Oregon	70	8,073
Illinois	210	46,065	4.0	Pennsylvania	238	52,389
Indiana	113	21,866	3.9	Rhode Island	12	3,180
Iowa	124	14,239	5.1	South Carolina	69	11,208
Kansas	138	11,796	4.8	South Dakota	53	4,200
Kentucky	107	15,718	4.3	Tennessee	134	23,517
Louisiana	140	19,085	4.5	Texas	428	59,345
Maine	39	4,495	3.7	Utah	42	4,408
Maryland	52	13,472	2.8	Vermont	15	1,716
Massachusetts	101	21,875	3.6	Virginia	97	20,005
Michigan	176	33,951	3.7	Washington	91	11,915
Minnesota	152	19,434	4.4	West Virginia	59	8,435
Mississippi	103	12,907	5.0	Wisconsin	129	18,687
				Wyoming	27	2,143

SOURCE: 1990 annual survey data as reported in American Hospital Association's Hospital Statistics, 1991-92 Edition.

March 1992

Medicare Part B Participating Physicians/LLP's and Suppliers by State

	April 1988 Percent	January 1989 Percent	April 1990 Percent	January 1991 Percent
Alabama	63.9	66.4	66.7	71.6
Physicians/LLP's	73.5	75.9	74.6	82.7
Suppliers	30.1	32.6	33.7	34.2
Alaska	34.7	36.2	45.6	51.3
Physicians/LLP's	37.5	38.8	48.0	53.8
Suppliers	11.7	12.0	20.2	26.4
Arizona	36.7	38.9	50.9	59.1
Physicians/LLP's	38.7	41.2	53.5	61.3
Suppliers	18.2	17.9	18.6	22.2
Arkansas	47.1	49.2	50.3	55.0
Physicians/LLP's	50.9	53.1	53.9	59.9
Suppliers	28.3	30.0	31.1	30.9
California	46.1	50.9	54.3	57.1
Physicians/LLP's	48.5	54.0	57.7	60.8
Suppliers	27.2	28.0	30.7	32.3
Colorado	23.5	26.6	32.0	33.2
Physicians/LLP's	24.9	28.1	33.9	35.3
Suppliers	15.6	18.9	20.4	18.5
Connecticut	23.0	28.8	32.0	39.4
Physicians/LLP's	22.8	29.3	32.8	40.8
Suppliers	25.2	25.0	25.1	27.8
Delaware	33.8	34.2	39.3	40.9
Physicians/LLP's	37.4	37.5	42.5	43.9
Suppliers	14.6	16.1	20.6	22.9
District of Columbia	31.8	32.6	35.9	37.7
Physicians/LLP's	33.5	34.4	37.9	39.8
Suppliers	14.9	15.0	15.1	15.1
Florida	25.4	26.9	28.2	30.3
Physicians/LLP's	30.6	32.8	34.4	36.5
Suppliers	10.9	11.0	11.8	12.6
Georgia	32.8	48.7	46.4	48.5
Physicians/LLP's	32.5	49.7	49.5	53.6
Suppliers	34.3	35.1	22.0	17.5
Hawaii	50.8	50.9	53.5	54.2
Physicians/LLP's	53.7	53.7	56.8	57.3
Suppliers	15.7	15.6	15.5	16.5
Idaho	14.0	15.0	15.8	18.1
Physicians/LLP's	14.9	16.0	17.3	19.5
Suppliers	10.4	11.1	10.4	13.0

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	April 1988 Percent	January 1989 Percent	April 1990 Percent	January 1991 Percent
Illinois	33.8	36.8	39.0	42.1
Physicians/LLP's	36.4	40.0	42.3	46.9
Suppliers	16.8	17.6	20.1	19.3
Indiana	33.7	36.4	38.6	40.0
Physicians/LLP's	36.8	40.0	42.6	45.1
Suppliers	17.8	18.9	20.0	18.1
Iowa	42.4	43.9	46.6	49.7
Physicians/LLP's	43.7	45.3	48.1	51.9
Suppliers	36.8	37.8	39.7	38.5
Kansas	53.3	54.4	50.3	54.3
Physicians/LLP's	60.0	61.6	57.1	62.6
Suppliers	25.8	27.5	29.1	28.0
Kentucky	39.5	43.2	48.3	51.2
Physicians/LLP's	46.4	50.5	56.4	59.5
Suppliers	13.6	14.7	16.9	17.8
Louisiana	29.3	32.4	34.4	41.4
Physicians/LLP's	29.5	32.6	34.6	42.9
Suppliers	27.3	30.8	33.4	30.9
Maine	39.5	47.5	45.4	46.4
Physicians/LLP's	42.4	51.2	48.7	50.3
Suppliers	26.7	31.4	29.9	28.1
Maryland	36.6	40.7	44.1	43.8
Physicians/LLP's	38.5	42.8	45.9	45.3
Suppliers	22.8	25.6	29.1	30.2
Massachusetts	43.4	44.3	47.6	47.3
Physicians/LLP's	45.9	46.9	50.5	50.8
Suppliers	27.0	27.6	28.1	26.0
Michigan	36.5	39.7	42.5	52.1
Physicians/LLP's	38.3	41.7	44.7	53.7
Suppliers	23.3	24.7	26.1	35.4
Minnesota	23.9	24.1	26.1	27.7
Physicians/LLP's	25.4	25.4	27.5	29.3
Suppliers	16.0	17.3	18.2	18.4
Mississippi	28.5	31.1	34.7	38.5
Physicians/LLP's	30.1	33.4	38.0	42.7
Suppliers	23.8	23.8	24.1	25.6
Missouri	27.9	36.8	42.3	44.6
Physicians/LLP's	29.5	39.6	45.7	49.0
Suppliers	16.0	21.2	21.7	20.9

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	April 1988 Percent	January 1989 Percent	April 1990 Percent	January 1991 Percent
Montana	17.5	18.9	20.9	22.5
Physicians/LLP's	19.9	21.5	23.4	24.8
Suppliers	10.8	11.9	14.5	16.0
Nebraska	40.6	35.9	42.9	48.4
Physicians/LLP's	48.2	42.5	49.2	56.5
Suppliers	23.8	21.4	23.3	24.9
Nevada	43.6	53.1	65.9	69.8
Physicians/LLP's	46.0	57.0	69.8	72.9
Suppliers	20.2	22.3	24.5	29.6
New Hampshire	27.7	27.3	30.3	31.9
Physicians/LLP's	28.4	28.0	30.9	32.7
Suppliers	24.1	23.9	26.7	26.3
New Jersey	27.1	25.4	27.0	28.6
Physicians/LLP's	28.2	26.0	27.6	29.6
Suppliers	21.6	21.3	21.7	20.4
New Mexico	23.7	32.0	40.9	45.2
Physicians/LLP's	25.9	36.3	45.6	49.7
Suppliers	14.0	11.9	12.5	14.7
New York	28.1	29.4	29.7	33.8
Physicians/LLP's	28.4	29.8	30.4	34.6
Suppliers	25.0	24.3	20.5	22.7
North Carolina	36.1	48.7	47.9	52.5
Physicians/LLP's	40.7	54.2	52.9	58.1
Suppliers	13.2	20.0	14.3	13.8
North Dakota	26.6	27.2	35.1	35.4
Physicians/LLP's	30.8	31.7	42.2	43.9
Suppliers	16.2	16.2	16.3	15.4
Ohio	38.4	42.7	45.8	47.3
Physicians/LLP's	41.8	46.8	50.8	52.5
Suppliers	18.7	19.8	19.7	19.9
Oklahoma	24.2	27.4	31.6	34.5
Physicians/LLP's	27.9	31.6	36.4	39.0
Suppliers	11.2	11.6	12.8	15.2
Oregon	30.6	34.3	39.5	44.0
Physicians/LLP's	32.8	36.9	41.7	46.7
Suppliers	15.5	15.6	17.5	18.0
Pennsylvania	34.9	37.1	40.0	43.4
Physicians/LLP's	36.6	39.0	42.1	45.9
Suppliers	23.2	23.7	24.9	25.4

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	April 1988 Percent	January 1989 Percent	April 1990 Percent	January 1991 Percent
Rhode Island	48.8	52.9	60.4	62.3
Physicians/LLP's	55.0	58.8	67.0	67.8
Suppliers	15.5	18.5	18.9	23.9
South Carolina	36.1	40.2	51.2	53.9
Physicians/LLP's	37.6	42.1	55.5	57.9
Suppliers	22.4	22.7	21.3	23.5
South Dakota	16.3	17.7	18.0	17.6
Physicians/LLP's	17.6	20.0	19.6	20.6
Suppliers	13.9	13.4	14.8	12.2
Tennessee	48.8	51.8	52.9	57.7
Physicians/LLP's	54.9	57.6	58.4	63.7
Suppliers	20.6	23.0	22.9	23.4
Texas	24.3	26.9	34.2	36.8
Physicians/LLP's	26.0	28.9	36.4	38.9
Suppliers	12.7	13.9	19.4	22.6
Utah	48.7	51.5	58.8	59.3
Physicians/LLP's	50.4	54.7	65.1	65.6
Suppliers	26.4	27.0	21.7	21.7
Vermont	37.6	39.4	42.3	43.5
Physicians/LLP's	38.5	40.5	43.8	45.4
Suppliers	30.7	31.1	31.0	30.3
Virginia	37.2	38.8	43.2	44.9
Physicians/LLP's	39.1	40.9	46.0	48.1
Suppliers	21.7	21.5	19.9	19.3
Washington	33.2	29.0	32.1	43.3
Physicians/LLP's	35.4	31.4	34.7	46.1
Suppliers	18.8	15.1	14.8	22.1
West Virginia	48.1	53.3	56.3	59.0
Physicians/LLP's	53.2	59.1	63.2	66.3
Suppliers	24.7	26.8	26.0	27.1
Wisconsin	38.6	39.0	42.9	43.1
Physicians/LLP's	39.0	40.0	46.5	46.8
Suppliers	37.5	35.9	33.2	32.0
Wyoming	18.1	17.6	30.4	31.6
Physicians/LLP's	20.1	19.3	34.6	39.1
Suppliers	12.6	12.4	14.3	11.2

NOTE: LLP's are Limited License Practitioners.

SOURCE: HCFA/BPO

March 1992

Medicare Part B/Assignment Rate by Carrier
Fiscal Year 1991 ¹

Carrier	Assignment Rate	Carrier	Assignment Rate
All Regions	82.5		
Boston Region	92.8	Dallas Region	79.0
Connecticut-Travelers	86.0	Arkansas B/S	87.7
Massachusetts B/S		Louisiana-Arkansas B/S	85.1
Massachusetts	98.3	New Mexico-Aetna	78.4
Tri-State	85.3	Oklahoma-Aetna	69.9
Maine	90.7	Texas B/S	77.6
New Hampshire	75.4		
Vermont	91.5	Kansas City Region	74.2
Rhode Island B/S	98.1	Iowa B/S	66.6
		Kansas B/S	87.1
New York Region	83.9	Nebraska-Kansas B/S	66.0
New York-Binghamton B/S	84.2	Missouri-Kansas City B/S	86.6
New York-Empire B/S	81.8	Missouri-General American	71.4
New York-Group Health	85.8		
Puerto Rico B/S	94.6	Denver Region	68.2
Puerto Rico	94.7	Colorado B/S	74.0
Virgin Islands	54.9	Montana B/S	57.1
		North Dakota B/S	58.7
Philadelphia Region	87.5	North Dakota	66.6
Maryland B/S	88.7	South Dakota	51.2
New Jersey-Pennsylvania B/S	73.5	Utah B/S	78.6
Pennsylvania B/S	74.2	Wyoming-North Dakota B/S	56.1
Delaware	85.3		
District of Columbia	87.6	San Francisco Region	84.4
Pennsylvania	95.3	Arizona-Nevada-Aetna	82.0
Pennsylvania-Lab.	100.0	Arizona	78.7
Virginia-Travelers	84.0	Nevada	93.9
		California B/S	80.5
Atlanta Region	84.1	California-Occidental (Non-P&E)	89.0
Alabama B/S	92.4	California-Occidental (P&E)	99.2
Florida B/S	84.3	Hawaii-Aetna	85.3
Georgia-Aetna	82.5		
Kentucky B/S	85.5	Seattle Region	64.2
Mississippi-Travelers	85.7	Alaska-Oregon-Aetna	65.2
North Carolina-Conn. Gen.	80.9	Alaska	84.1
South Carolina B/S (Non-P&E)	78.3	Oregon	64.2
South Carolina B/S (P&E)	99.2	Idaho-Conn.Gen.	46.8
Tennessee-Equicor, Inc.	83.3	Washington B/S	66.7
Chicago Region	80.1	RRB-Travelers	79.3
Illinois B/S (HCSC)	74.2	Aetna	77.7
Indiana B/S	74.9	Travelers (RRB excluded)	82.6
Michigan B/S	92.3	Connecticut General	79.9
Minnesota B/S	50.7		
Minnesota-Travelers	65.9		
Nationwide	84.2		
Ohio	83.1		
West Virginia	91.7		
Wisconsin B/S	70.3		

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: HCFA/BPO

March 1992

X. REFERENCE

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.



Financing of Medicare Programs

Source of Income

HI Trust Fund

1. Payroll taxes *
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

- * Contribution rate
- | | |
|-------------------------------|-------|
| Employees and employers, each | 1.45% |
| Self employed | 2.90% |

Maximum taxable amount (CY 1992)	\$130,200
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Voluntary HI Premium

Monthly Premium (1992) : \$192

SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Part B Premium

Monthly Basic Premium (1992) : \$31.80

SOURCE: HCFA/OACT

March 1992

Financing of Medicaid Programs
Fiscal Year 1993

Federal Contributions	Percent
1. Medical Vendor Payments	50-80
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility Inspectors	
a. Salaries, Travel, and Training	75
b. All Other Costs	50
7. Skilled Professional Medical Personnel	75
8. State Medicaid Fraud and Abuse Units	75
9. PRO Performance Review	75
10. Systematic Alien Verification for Entitlements System	100
11. Nurse's Aide Training and Competency Evaluation ¹	
a. July 1, 1988 through September 30, 1990	75-90
b. After September 30, 1990	50
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100

¹OBRA '90 changed the time period for ending the enhanced match for nurse's aide training by adding three months. The match goes to 50 percent after September 30, 1990.

SOURCE: HCFA/MB

March 1992

Medicare/Cost Sharing and Premium Amounts

Hospital Insurance														Supplementary Medical Insurance			
Hospital Insurance Covers All Expenses in "benefit period" Except -																	
Inpatient Hospital																	
Daily Coinsurance																	
Inpatient Hospital Deductible (IHD) Covers First 60 Days	61st Through 90th Days (1/4 x IHD)	Lifetime Reserve Days after 90 Days (1/2 x IHD)	Skilled Nursing Facility Daily Coinsurance after 20 Days (1/8 x IHD)	Hospital Insurance Monthly Premium ¹	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) ²	Monthly Premiums									
								Beginning July unless otherwise noted									
July 1966	\$40	\$10	(3)	(3)	—	20%	\$ 3.00	\$ 3.00	\$ 3.00	—							
1967	—	—	\$5.00	(3)	—	—	—	—	—	—							
1968	—	—	—	\$20	—	—	—	—	—	—							
April 1968	—	—	—	—	(4)	(4)	4.00	4.00	4.00	—							
1969	44	11	22	5.50	—	—	—	—	—	—							
1970	52	13	26	6.50	—	—	—	5.30	5.30	—							
1971	60	15	30	7.50	—	—	—	5.60	5.60	—							
1972	68	17	34	8.50	—	—	—	5.80	5.80	—							
1973	72	18	36	9.00	\$33	(5) (6)	\$60	76.30	6.30	6.30	6.30	6.30	\$22.70	—			
1974	84	21	42	10.50	36	—	—	6.70	6.70	6.70	6.70	6.70	29.30	—			
1975	92	23	46	11.50	40	—	—	—	8.30	8.30	8.30	8.30	30.30	—			
1976	104	26	52	13.00	45	—	—	7.20	7.20	14.20	14.20	14.20	30.80	—			
1977	124	31	62	15.50	54	—	—	7.70	7.70	16.90	16.90	16.90	42.30	—			
1978	144	36	72	18.00	63	—	—	8.20	8.20	18.60	18.60	18.60	41.80	—			
1979	160	40	80	20.00	69	—	—	8.70	8.70	18.10	18.10	18.10	41.30	—			
1980	180	45	90	22.50	78	—	—	9.60	9.60	23.00	23.00	23.00	41.40	—			
1981	204	51	102	25.50	89	(8) (9)	(9) (9)	11.00	11.00	34.20	34.20	34.20	62.20	—			
1982	260	65	130	32.50	113	(10)	\$75	12.20	12.20	37.00	37.00	37.00	72.00	—			
1983	304	76	152	38.00	(11)	—	—	—	—	41.80	41.80	41.80	80.00	—			
1984	356	89	178	44.50	\$155	—	—	\$14.60	\$14.60	\$43.80	\$43.80	\$43.80	\$94.00	—			
1985	400	100	200	50.00	174	—	—	15.50	15.50	46.50	46.50	46.50	89.90	—			

Medicare/Cost Sharing and Premium Amounts (continued)

Hospital Insurance										Supplementary Medical Insurance	
Hospital Insurance Covers All Expenses in "benefit period" Except -											
Inpatient Hospital Daily Coinsurance											
Inpatient Hospital Deductible (IHD) Covers First 60 Days	61st Through 90th Days	Lifetime Reserve Days after 90 Days	Skilled Nursing Facility Daily Coinsurance after 20 Days	Hospital Insurance Monthly Premium ¹	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) ²	Monthly Premiums			
	(1/4 x IHD)	(1/2 x IHD)	(1/8 x IHD)					Aged	Disabled		
Beginning January unless otherwise noted											
1986	492	123	246	61.50	214	—	15.50	46.50	66.10		
1987	520	130	260	65.00	226	—	17.90	53.70	88.10		
1988	540	135	270	67.50	234	—	24.80	74.40	72.40		
1989	¹² 560	¹²⁰	¹²⁰	¹²⁵ 5.50	156	—	31.90	83.70	40.70		
1990	592	148	296	74.00	175	—	28.60	85.80	59.60		
1991	628	157	314	78.50	177	\$100	29.90	95.30	82.10		
1992	652	163	326	81.50	192	—	31.80	102.40	130.20		

¹Voluntary participation of individual aged 65 and over not otherwise entitled to hospital insurance.

²Beginning July 1973 for the disabled.

³Benefit not provided.

⁴Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance.

⁵Beginning in January for current and succeeding years.

⁶Home health services not subject to coinsurance.

⁷Monthly premium for July and August 1973 was reduced to \$5.80 and \$6.10, respectively, by the Cost of Living Council.

⁸Home health services not subject to deductible.

⁹Same as footnote 4, but only when physician accepts assignment.

¹⁰Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

¹¹The Secretary of HHS promulgated a monthly premium of \$132 for noninsured enrollees for the period beginning July 1983. However, P.L. 98-21 subsequently provided that the monthly premium of \$113 for noninsured enrollees continue to apply until December 31, 1983.

¹²The 1989 deductible was applied on an annual basis, rather than a benefit period. Once the deductible was paid by the beneficiary, Medicare paid the balance of expenses for covered hospital services, regardless of the number of days of hospitalization.

¹³The beneficiary paid this coinsurance amount for the first 8 days of care in 1989, rather than for days of care 21 to 100 as in the other years shown. Skilled nursing facility benefits were available up to 150 days of care per year in 1989, instead of for up to 100 days of care per benefit period as in the other years shown. The coinsurance amount in 1989 was equal to 20 percent of the estimated national average daily cost of covered skilled nursing facility care, rather than 1/8 of the inpatient hospital deductible.

SOURCE: HCFA/OACT

March 1992

Medicare Annual Maximum Taxable Earnings and HI Contribution Rates

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate ¹	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
Changes scheduled in present law:			
1993 and later	Subject to automatic increase	1.45	2.90

¹Percent of taxable earnings.

SOURCE: HCFA/OACT

March 1992

Title XIX
Federal Medical Assistance Percentages

	1990	1991	1992	1993		1990	1991	1992	1993
Alabama	73.21	72.73	72.93	71.45	Missouri	59.18	59.82	60.84	60.26
Alaska	50.00	50.00	50.00	50.00	Montana	71.35	71.73	71.70	70.92
Arizona	60.99	61.72	62.61	65.89	Nevada	61.12	62.71	64.50	61.32
Arkansas	74.58	75.12	75.66	74.71	New Hampshire	50.00	50.00	50.00	52.28
California	50.00	50.00	50.00	50.00		50.00	50.00	50.00	50.00
Colorado	52.11	53.59	54.79	54.42	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	72.25	73.38	74.33	73.85
Delaware	50.00	50.00	50.12	50.00	New York	50.00	50.00	50.00	50.00
District of Columbia	50.00	50.00	50.00	50.00	North Carolina	67.46	66.60	66.52	65.92
Florida	54.70	54.46	54.69	55.03	North Dakota	67.52	70.00	72.75	72.21
Georgia	62.09	61.34	61.78	62.08	Ohio	59.57	59.93	60.63	60.25
Hawaii	54.50	54.14	52.57	50.00	Oklahoma	68.29	69.65	70.74	69.67
Idaho	73.32	73.65	73.24	71.20	Oregon	62.95	63.50	63.55	62.39
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	56.86	56.64	56.84	55.48
Indiana	63.76	63.24	63.85	63.21	Rhode Island	55.15	53.74	53.29	53.64
Iowa	62.52	63.41	65.04	62.74	South Carolina	73.07	72.58	72.66	71.28
Kansas	56.07	57.35	59.23	58.18	South Dakota	70.90	71.69	72.59	70.27
Kentucky	72.95	72.96	72.82	71.69	Tennessee	69.64	68.57	68.41	67.57
Louisiana	73.12	74.48	75.44	73.71	Texas	61.23	63.53	64.18	64.44
Maine	65.20	63.49	62.40	61.81	Utah	74.70	74.89	75.11	75.29
Maryland	50.00	50.00	50.00	50.00	Vermont	62.77	61.97	61.37	59.88
Massachusetts	50.00	50.00	50.00	50.00	Virginia	50.00	50.00	50.00	50.00
Michigan	54.54	54.17	55.41	55.84	Washington	53.88	54.21	54.98	55.02
Minnesota	52.74	53.43	54.43	54.93	West Virginia	76.61	77.00	77.68	76.29
Mississippi	80.18	79.93	79.99	79.01	Wisconsin	59.28	59.62	60.38	60.42
					Wyoming	65.95	68.14	69.10	67.11
					Territories ¹	50.00	50.00	50.00	50.00

¹Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico, and Virgin Islands. Subject to Federal CAP.

NOTES: Fiscal year data. The Consolidated Omnibus Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the Federal medical assistance percentages, effective for fiscal year 1987 and thereafter.

SOURCE: HCFA/MB

March 1992

Social Security Cash Benefits
Average Retired Worker's Benefit (Individuals)

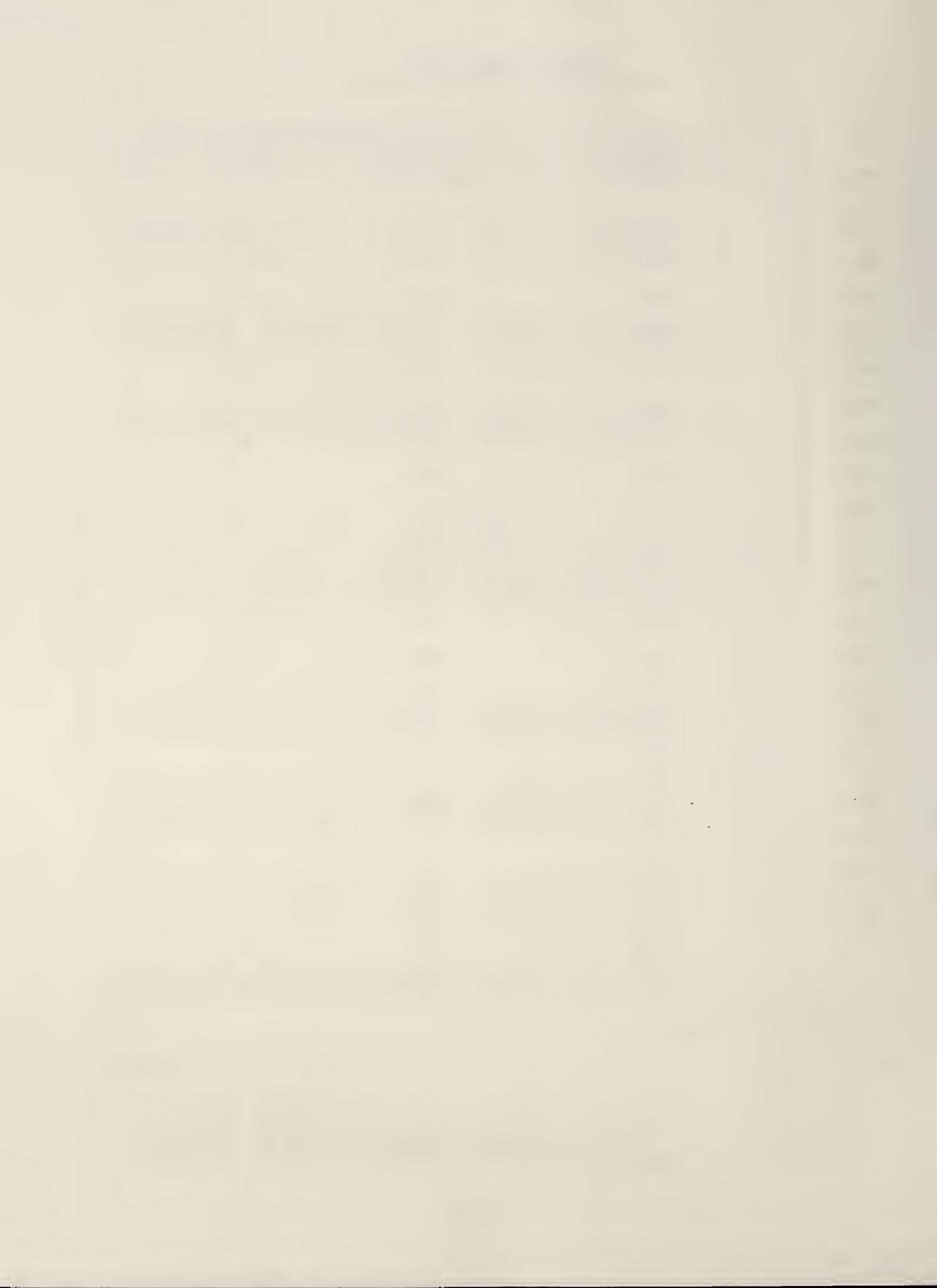
Year	Average Monthly Benefit ¹	Statutory and Automatic Increase	
		Effective Date	Percent Increase
1970	\$118	1/70	15.0
1971	132	1/71	10.0
1972	162	9/72	20.0
1973	166		
1974	188	6/74	11.0
1975	207	² 6/75	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3
1987	513	12/87	4.2
1988	537	12/88	4.0
1989	567	12/89	4.7
1990	603	12/90	5.4
1991	629	12/91	3.7

¹As of December of each year.

²Increases after 1974 are automatic.

SOURCE: SSA/OACT

March 1992



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